

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Michael Leo Barline

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Roslyn 3rd August</u>		Town	County		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>8</u>	Years <u>60</u>	Months <u>8</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u>60</u>			
Occupation <u>Teacher</u>	Where Residing if not at place of death <u>Rosa Winger</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rosa Winger</u>				
Father's Name <u>Michael Barline</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Philips</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>Michael Barline</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

Tropon

(177)

How long

1 month

Immediate

Heart failure

How long

the day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

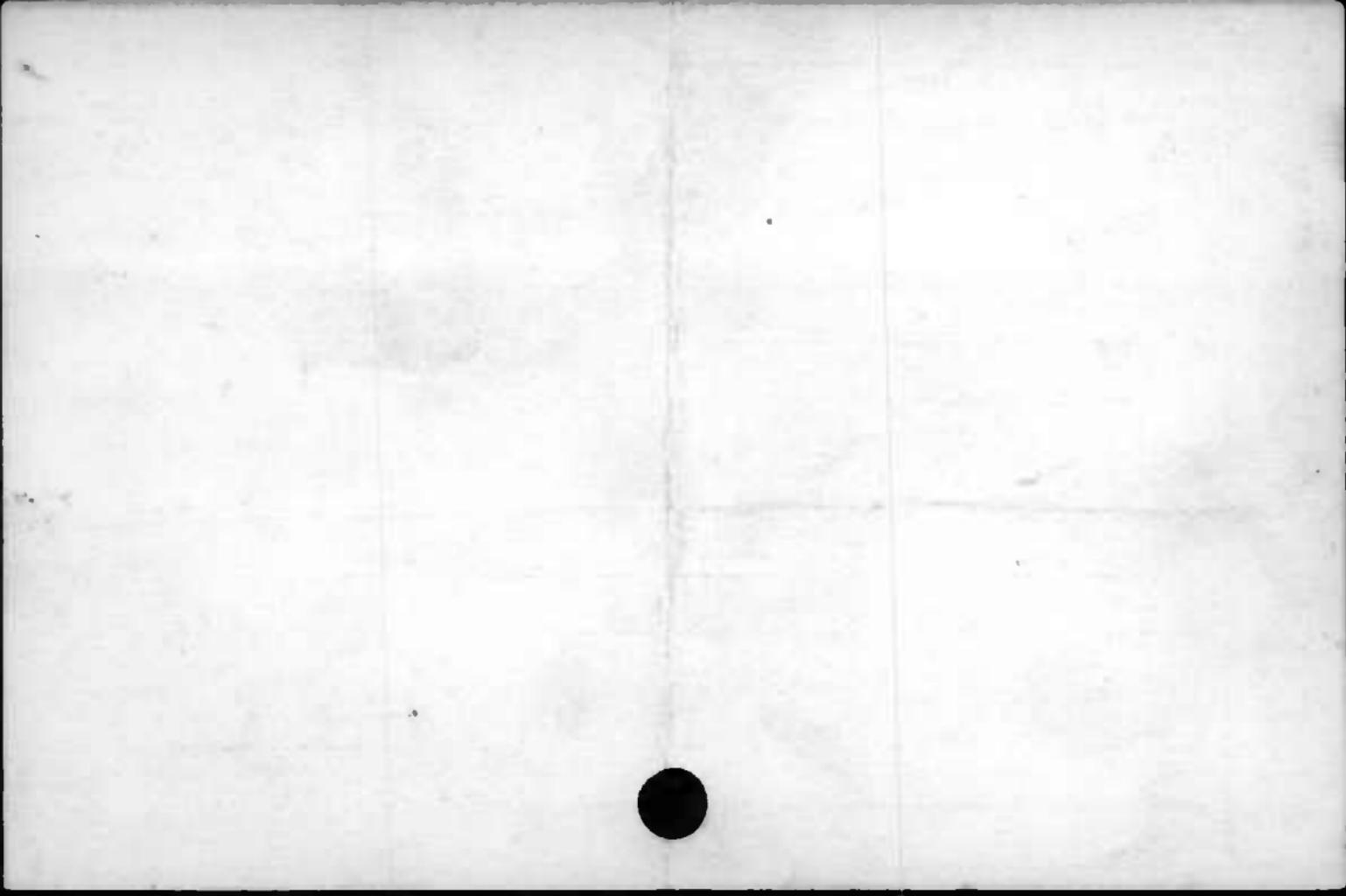
John R. Brayton

76

Address

1417 B Street
Montgomery
Alameda

Accident or Suicide?



Name
in
Full

Basil

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry F. Basil				
Mother's Maiden Name	Rosa D. Cox				
Name of person giving information	Harry F. Basil				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born S.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

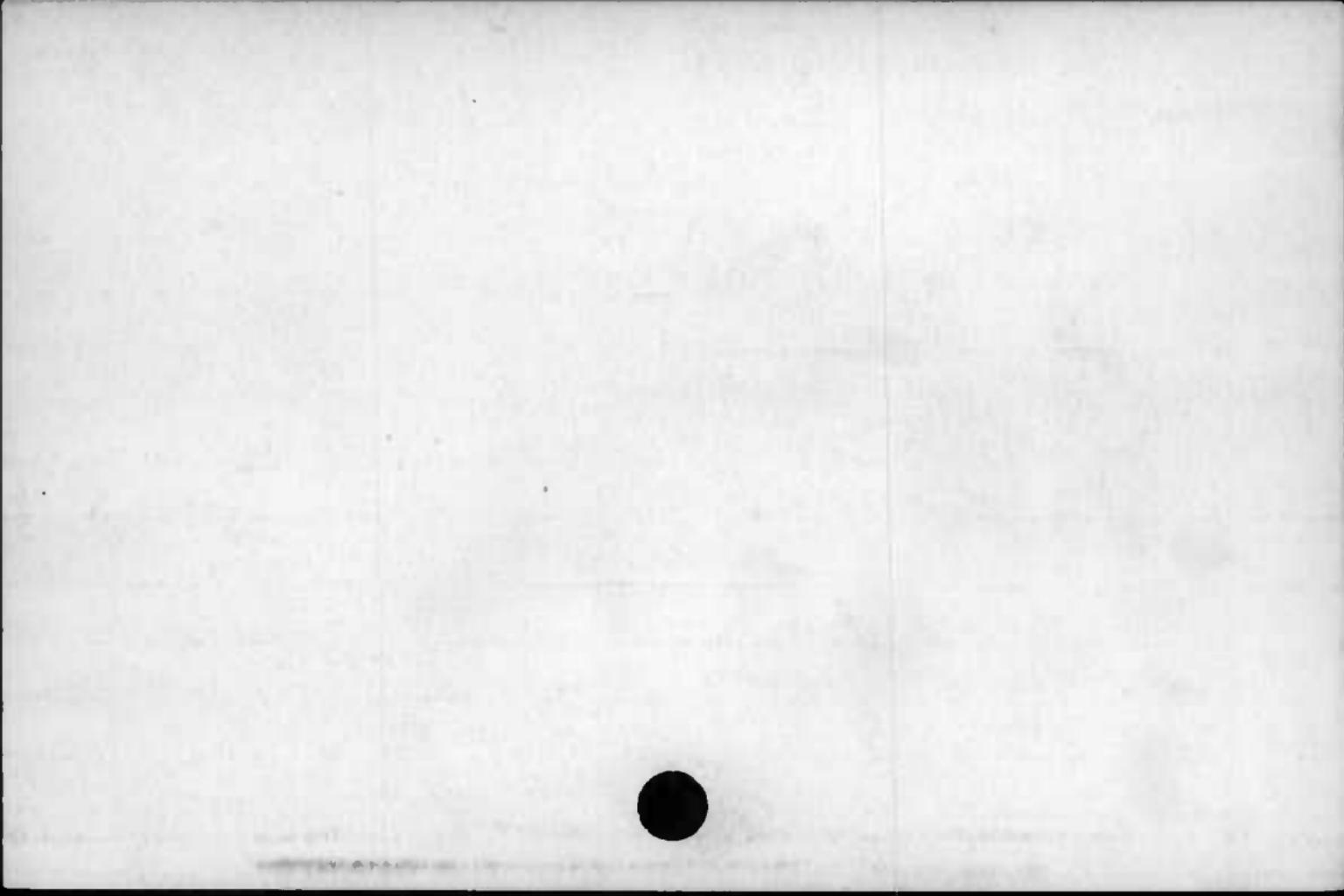
yes

Signature of Physician

Address

John S. Welch
Annapolis

Accident or Suicide?



Name
in
Full

Ozle Blackstone

CERTIFICATE OF DEATH

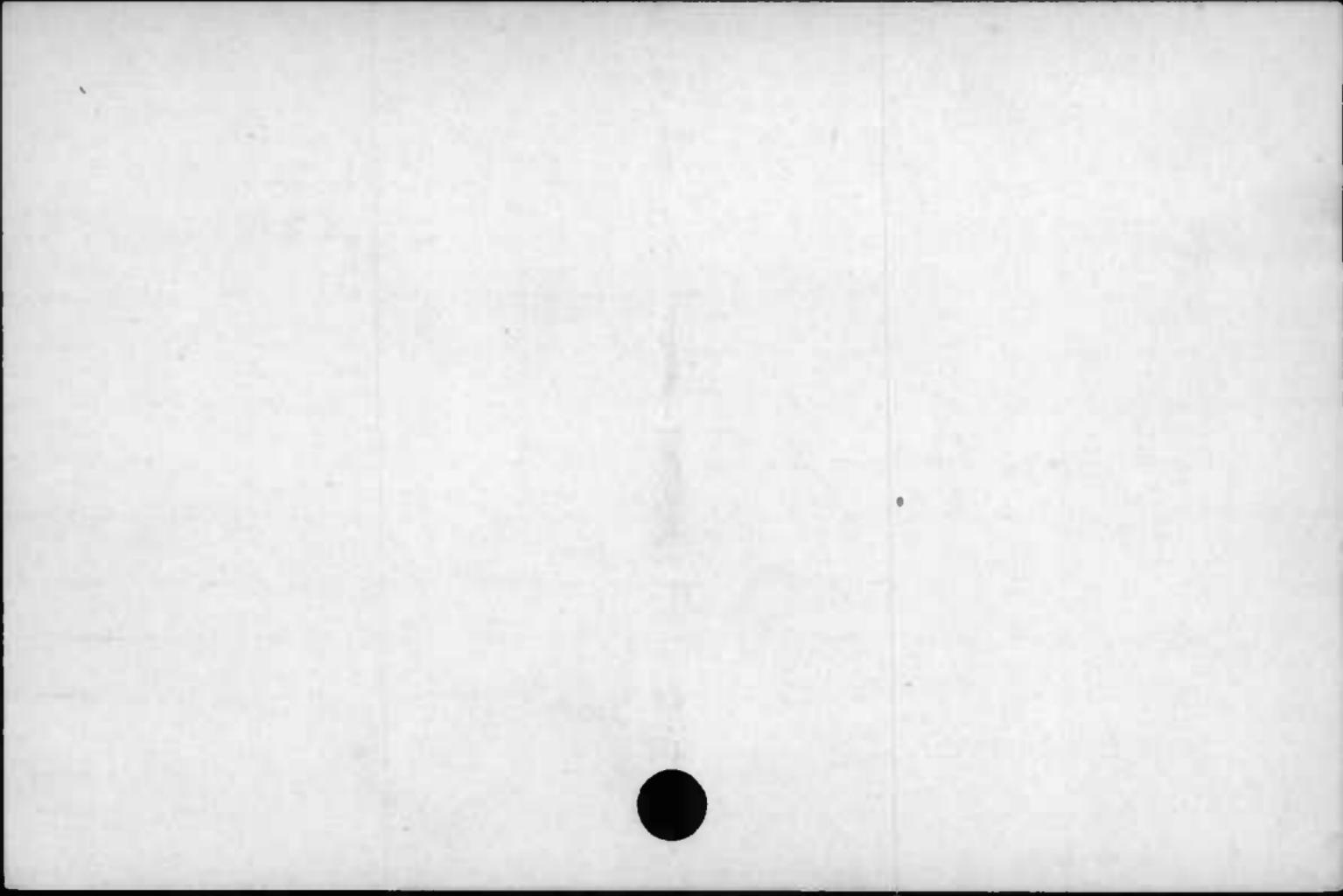
TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Time	Month	Days
Date of death	Year	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	Robie Blackstone		
Mother's Maiden Name	Marietta Stewart		
Name of person giving information	Anne Fleck		
How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Secondary	How long
Serofulic Granulation	35	2 months
Immediate		How long
Granulation		Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		



Name
in
Full

Rufus Booze

CERTIFICATE OF DEATH

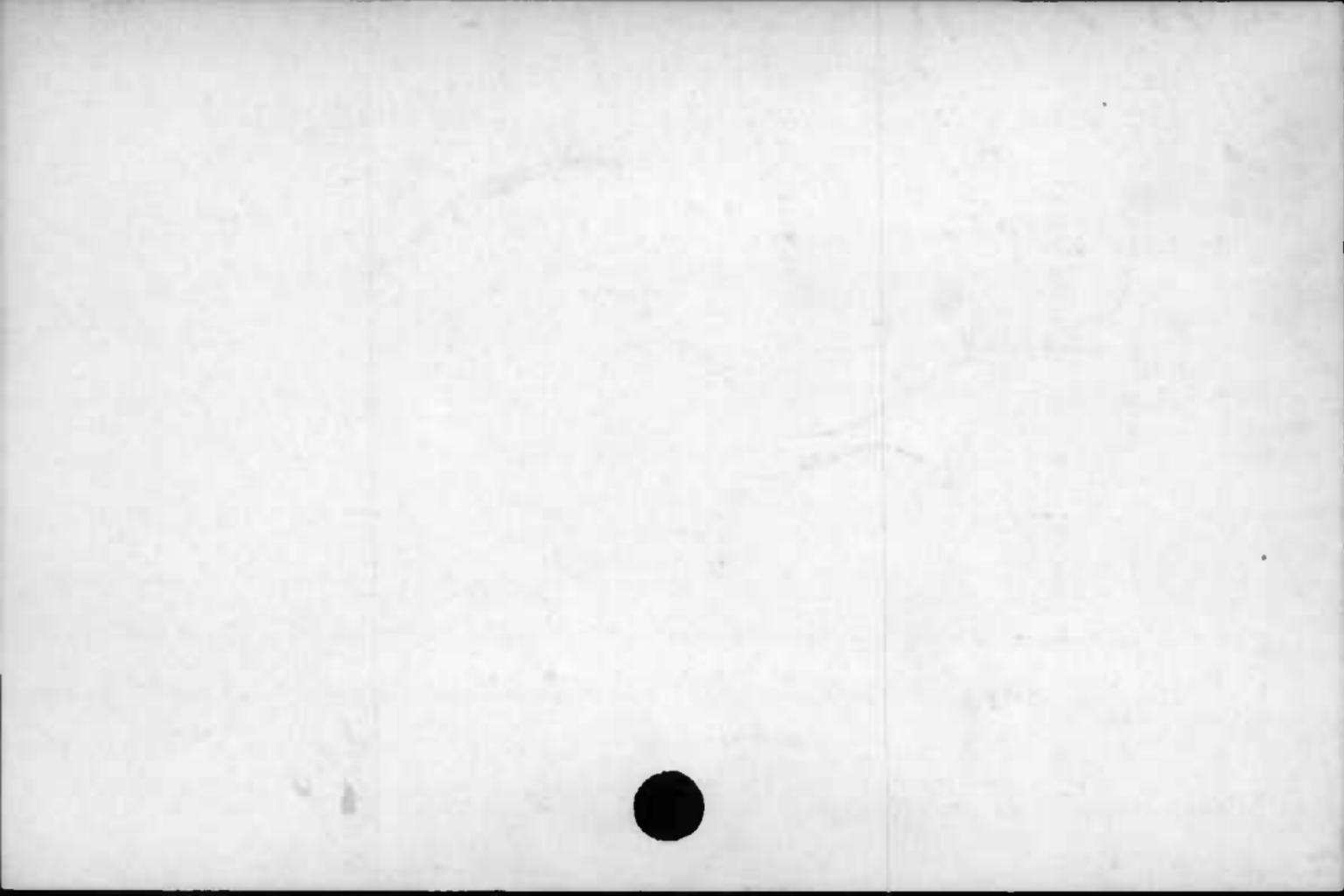
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Annapolis		99			
Date of death	Month	Day	Years	—	Months	Days
1906	May	31	—	—	6	—
Sex	Male	Color or Race	Colored	Birth-place	Baltimore	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	Rufus Booze			Father's Birthplace	A.A.C. Md	
Mother's Maiden Name	Etta Williams			Mother's Birthplace	Washington D.C.	
Name of person giving information	Etta Booze			How related to deceased	Mother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis		How long	1 month
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wm. S. Welch
			Address	Annapolis
Accident or Suicide?		no		



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Arnold, Md.</i>		Town	County <i>Anne Arundel Co., Md.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>10</i>	Age <i>60</i>	Years	Months <i>5</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Arnold, Md.</i>				
Occupation <i>—</i>	Where Residing if not at place of death <i>23 Laurel St.</i>					
Married, Single or Widowed <i>single</i>	Name of Wife or Husband					
Father's Name <i>Fredrick Brine</i>	Father's Birthplace <i>Arnold, Md.</i>					
Mother's Maiden Name <i>Mary E. Cooper</i>	Mother's Birthplace <i>Arnold, Md.</i>					
Name of person giving information <i>Mary E. Brine</i>	How related to deceased <i>Granddaughter</i>					

CAUSES OF DEATH

Primary

Tuberculosis

How long

21 Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

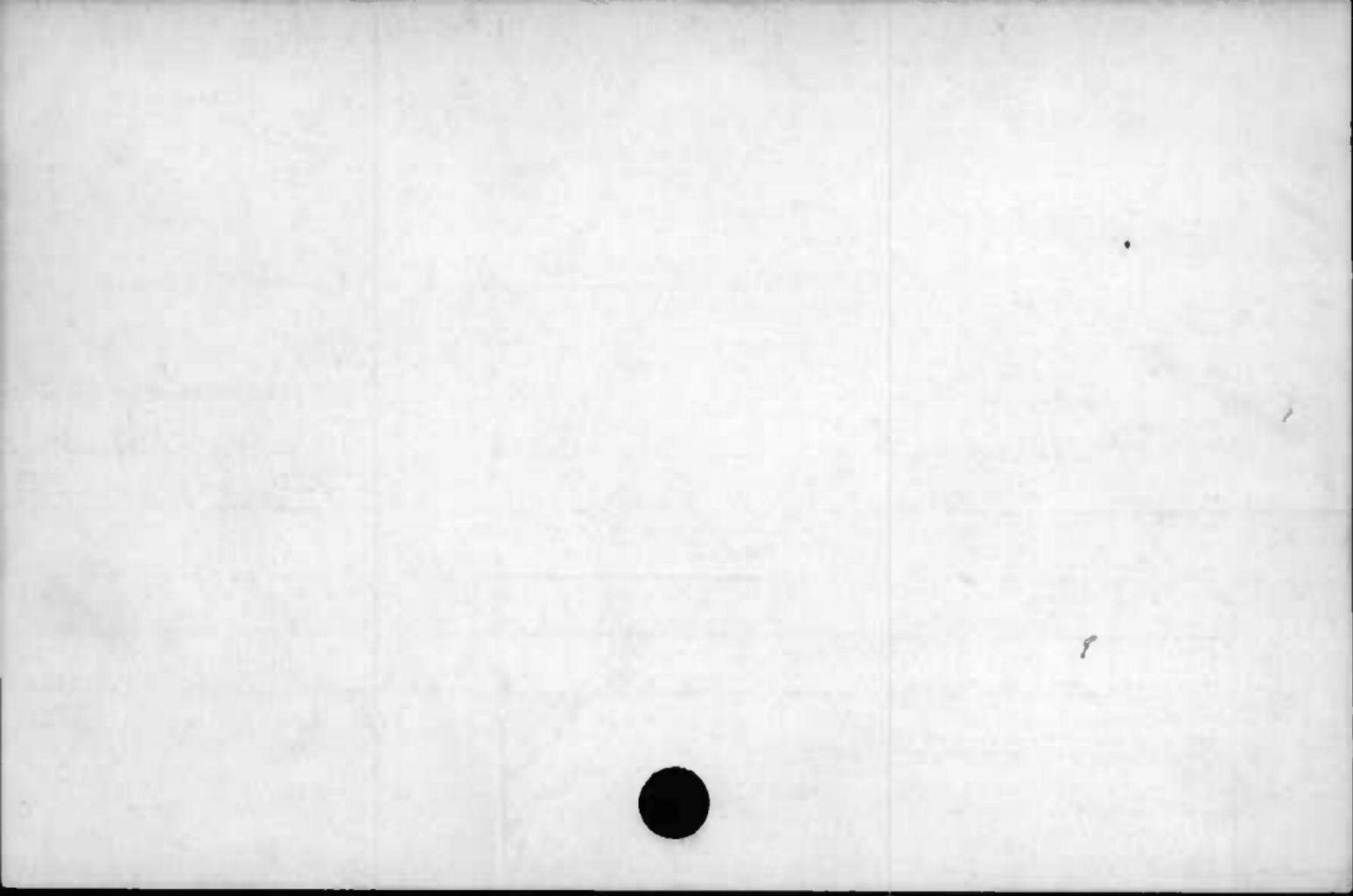
Signature of Physician

yes

Address

*John Ridout, Jr.
Arnold, Md.*

Accident or Suicide?



Eliza Wylie Bruster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1906		May	14	72	—	—
Sex	Female	Color or Race	White	Birth-place		
Occupation		Housewife		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		Jessup		
Father's Name		John Wylie		Louis C. Bruster		
Mother's Maiden Name		Jane Miller		Ireland		
Name of person giving information		Samuel Wylie		Ireland		
How related to deceased		Brother			Ireland	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary bronchitis	How long	3 days
Immediate	Cardiac dilatation	How long	Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

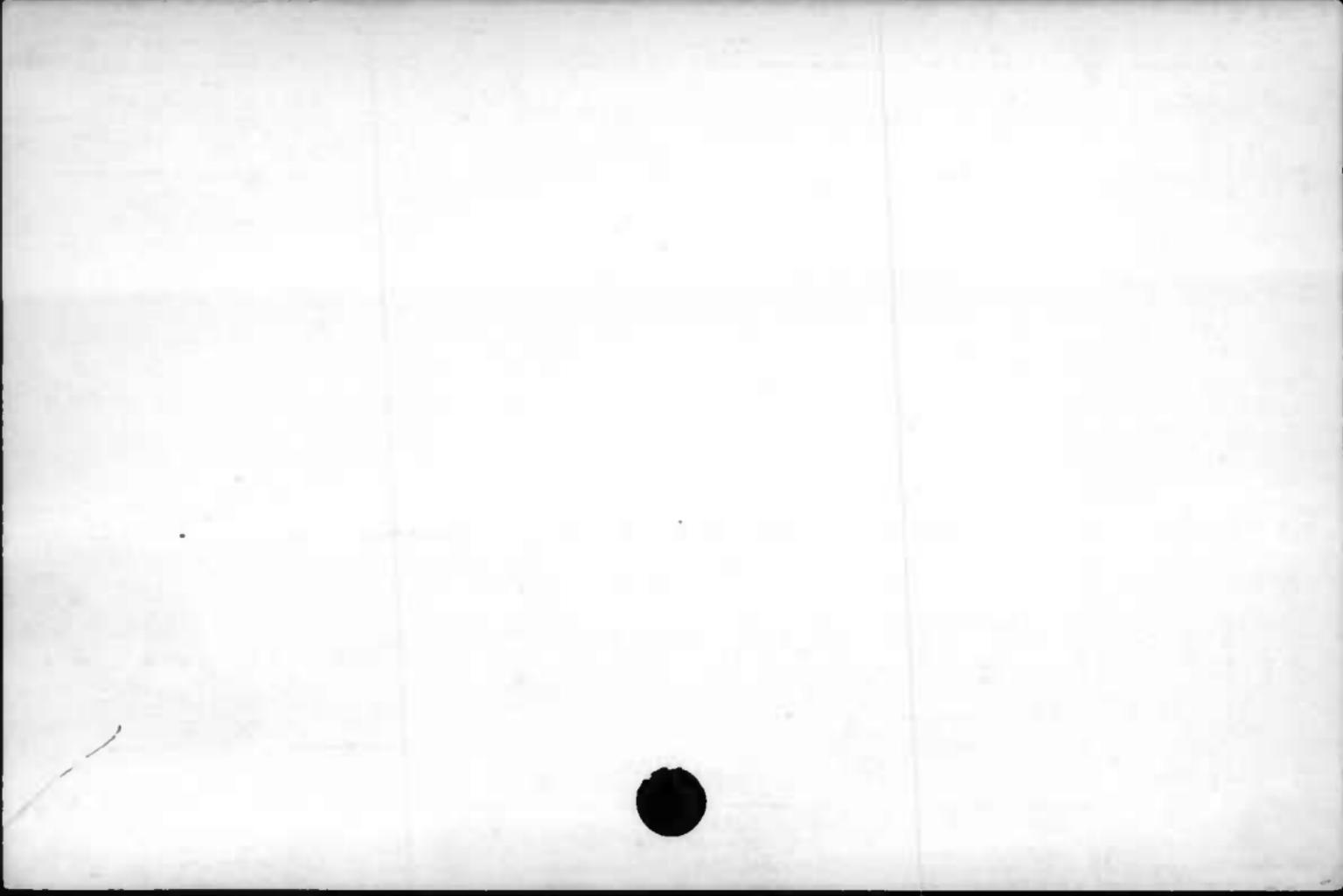
Signature of Physician

Wm. P. Eareckon

Address

Eer Ridge, Md.

Accident or Suicide?



Name
in
Full

Vernon Stanley Burch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
	Burton Bay		Anne Arundel				
Date of death	Month	Day	Years		Months	Days	
1906	May	27	Age	—	9	4	
Sex	Color or Race		white		Burton Bay		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	George S. Burch				Anne Arundel Co.		
Mother's Maiden Name	Mary S. Smith				Anne Arundel Co.		
Name of person giving Information	Mary J. Burch				Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Meningitis	(61)	How long	10 days
	Immediate	Paralysis of Heart	Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. B. Norton M.D.	
			Address	So. Battie, Md.	
Accident or Suicide?					

Name
in
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Clarence Wesley Carroll

CERTIFICATE OF DEATH

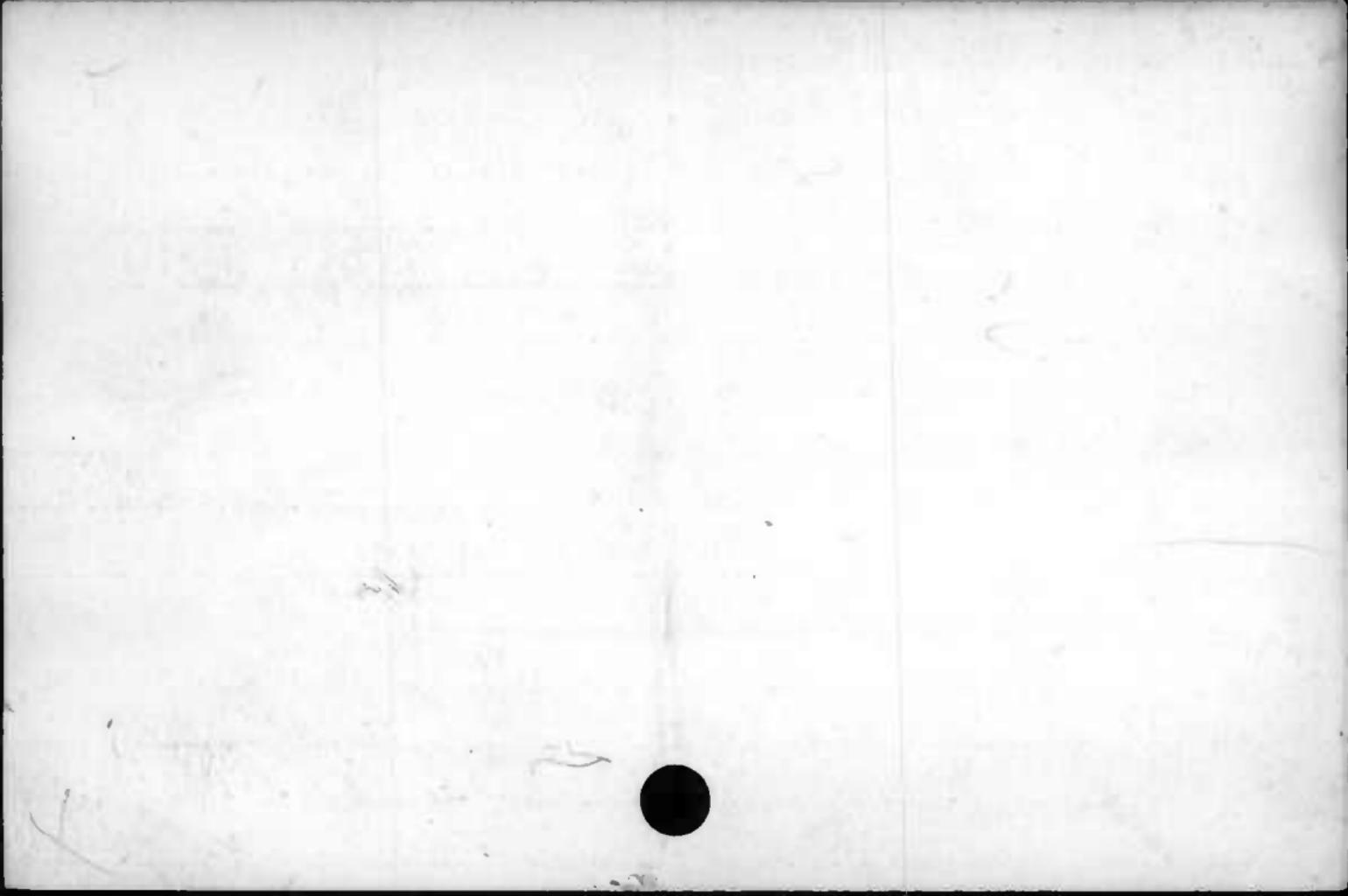
TO BE ANSWERED BY
NEAREST FRIEND

Died at Reservoir Park		Town	AA	County	MARYLAND	
Date of death	1906 May	Month	22 nd	Day	Years	Months
Sex	male	Color or Race	afucar		Birth-place	AA Cr
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Name of Wife or Husband					—
Father's Name	John Carroll					AA
Mother's Maiden Name	Bertrude Jackson					AA
Name of person giving Information	John Carroll					How related to deceased S Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pathology long 16	
Immediate	Convulsions	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
	ST Braxton	3 weeks
		How long
		Pathology
	Address	
	John Burn	
	M G	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Lucy Carter		Town	County	MARYLAND		
Died at	Friendship	A	A	Months	Days	
Date of death	1906	Month 5	Day 21	Age 44	Years	
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co Md	
Occupation	Housekeeper	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	S A Carter			
Father's Name	Washington Smathers		Father's Birthplace	Calvert Co		
Mother's Maiden Name	Caroline Tasker		Mother's Birthplace	Md		
Name of person giving information	May Carter (2)		How related to deceased	Brother in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis, Pulmonary	How long	six months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Bragshaw
		Address	Friendship Md
Accident or Suicide?			



Name
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Walter Crick

CERTIFICATE OF DEATH

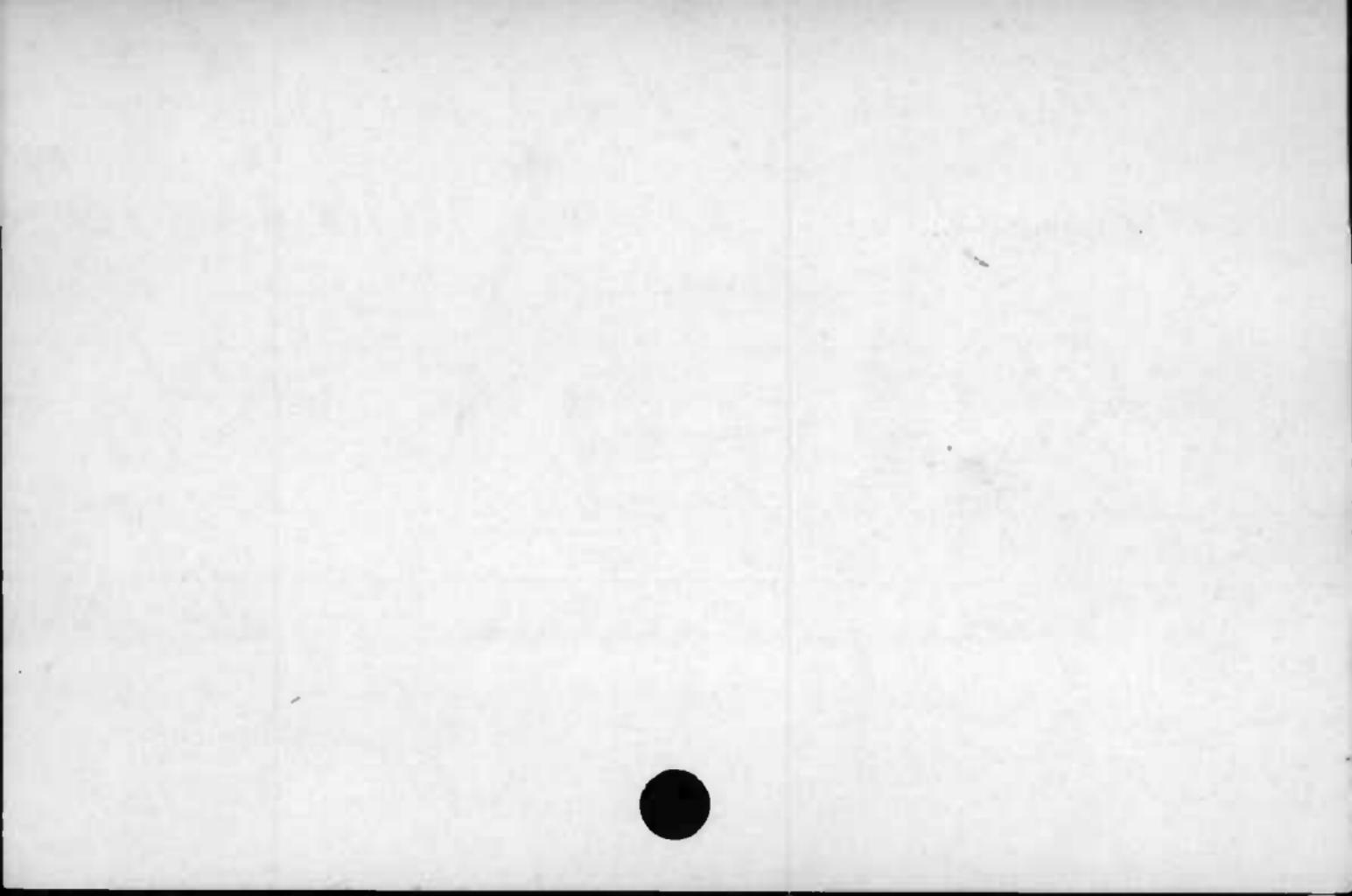
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Anne Arundel		MARYLAND	
Date of death	Month	7	Day	Years	Months
Sex	Male	Color or Race	Black	Birth-place	A. S. Co. Md.
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	William Crick			Father's Birthplace	Md.
Mother's Maiden Name	Christina Linus			Mother's Birthplace	Md.
Name of person giving information	W. Crick			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritonitis	(116)	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. H. Penne
		Address	McKendree, Md.
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Amelia Davis

Town

McKendree

County

Sumner

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death

1906 May

26

0

8

14

Age

Sex

Female

Color or
Race

Black

Birth-
place

A. S. Co. Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Lewis Davis

Father's
Birthplace

Md.

Mother's
Maiden Name

Irene Dorsey

Mother's
Birthplace

Md.

Name of person giving
Information

Lewis Davis (90)

How related
to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

2 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

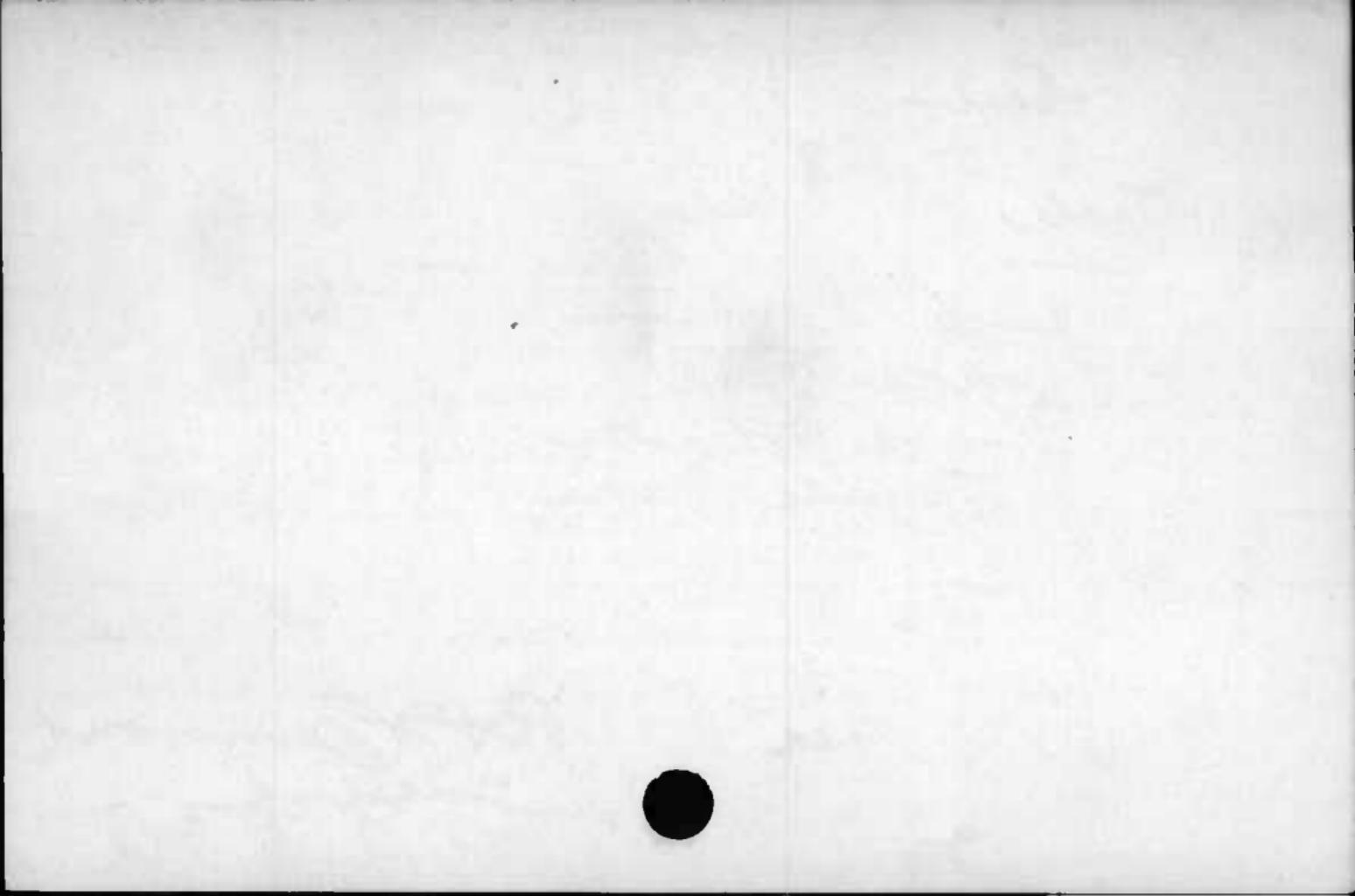
Signature of
Physician

Address

A. J. Perri

McKendree, Md.

Accident or Suicide?



Name
in
Full

Barney Davis

CERTIFICATE OF DEATH

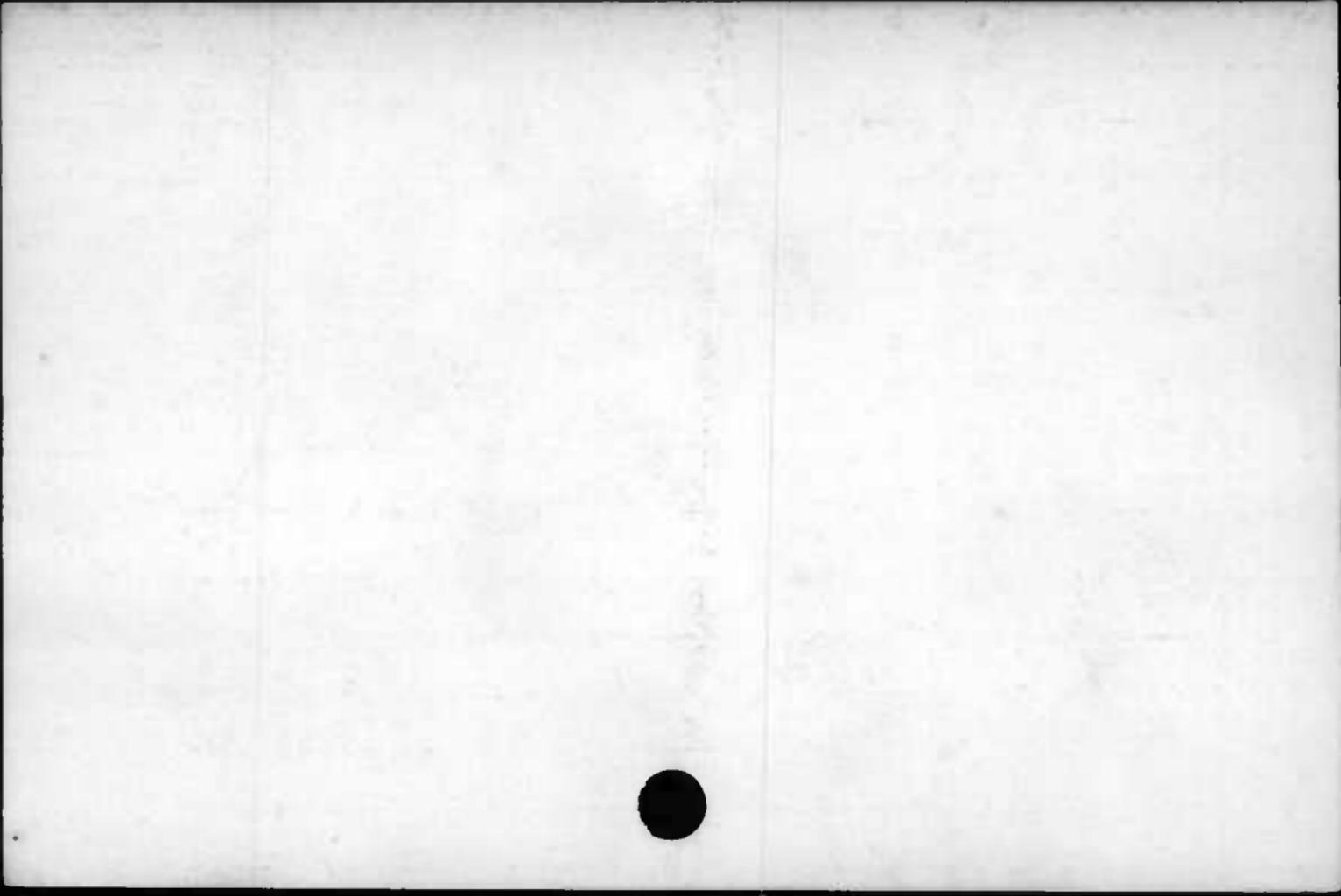
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	5	31	Age	8	15	
Sex	Male	Color or Race	Days	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Thomas Davis			Father's Birthplace	North Carolina	
Mother's Maiden Name	Elmira Johnson			Mother's Birthplace	" "	
Name of person giving information	Thomas Davis			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	⑥	How long	4 weeks
Immediate	Convulsions		How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. J. Hammond
			Address	111 Main Street A. A. Co. Md
Accident or Suicide?		no		



Liberato Del Gindice

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Annapolis</u> Town		<u>A. A.</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>12</u>	Years <u>78</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Italy</u>	
Occupation <u>Mechanic</u>	Where Residing if not at place of death <u>Rosa Del Gindice</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rosa Del Gindice</u>				
Father's Name <u>Raffael Del Gindice</u>			Father's Birthplace <u>Italy</u>		
Mother's Maiden Name <u>Boomerica Fiorillo</u>			Mother's Birthplace <u>Italy</u>		
Name of person giving information <u>Marie F. Romano</u>			How related to deceased <u>Friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infirmitas of age

How long

3 years

Immediate

Bronchitis

How long

30 days

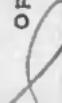
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. Wells
Archaeologist
Med.

Accident or Suicide?





Name
in
Full.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Flannery</i>					<i>Hannan</i>			CERTIFICATE OF DEATH		
Died at		Town		County	Maryland		MARYLAND			
Date of death	1906	Month	May	Day	6	Age	3	Months	9	Days
Sex	female	Color or Race	Colored	Birth-place	<i>annapolis md</i>					
Occupation			Where Residing if not at place of death	<i>142 White River</i>						
Married, Single or Widowed	Single	Name of Wife or Husband								
Father's Name	Charles Dennis		Father's Birthplace		<i>annapolis md</i>					
Mother's Maiden Name	Maggie Jones		Mother's Birthplace		<i>annapolis md</i>					
Name of person giving information	Charles Dennis		How related to deceased		Father					

CAUSES OF DEATH

Primary

How long

New long

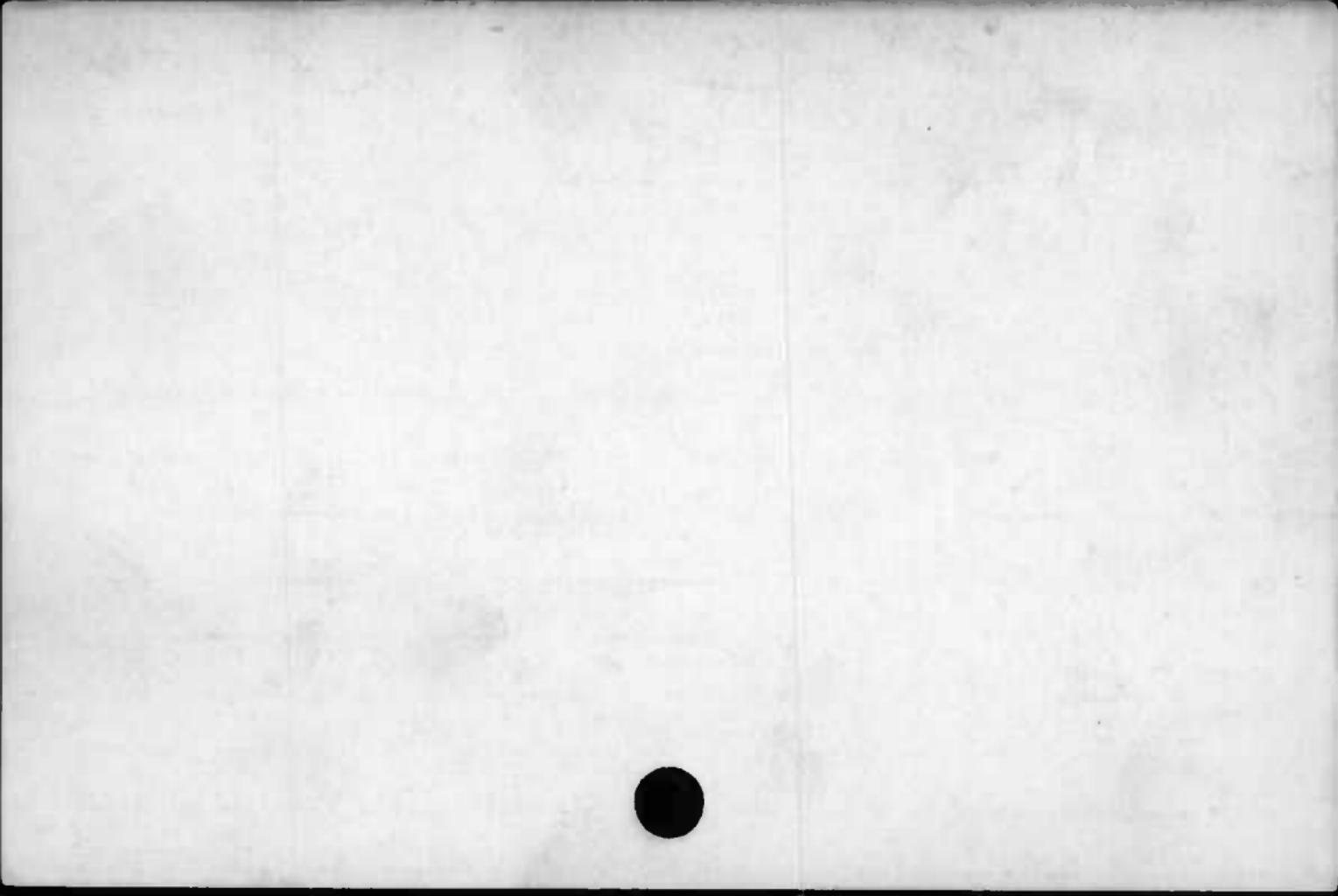
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

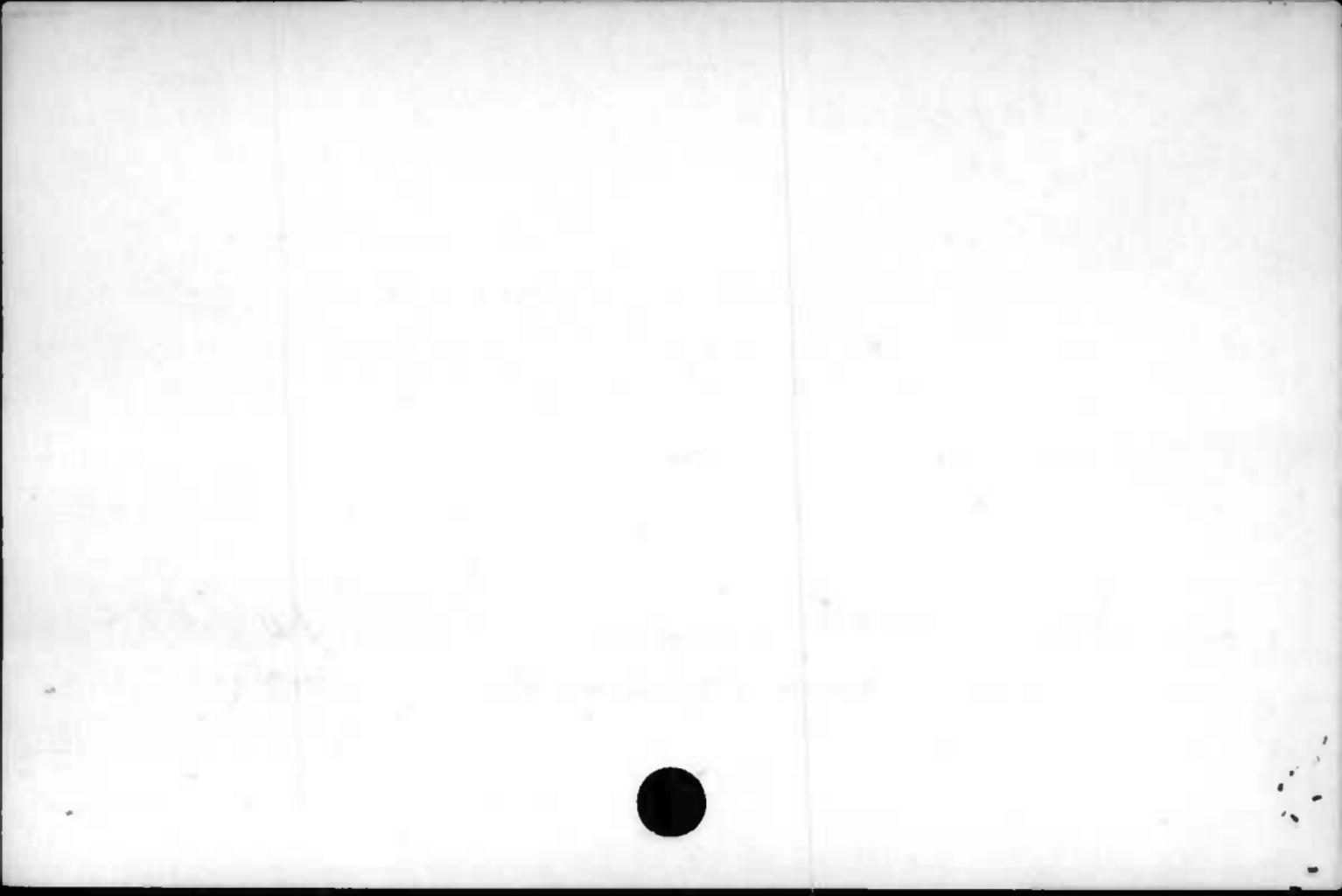
Accident or Suicide?



Born dead Fibich

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Age	Years	Months
Sex	male	Color or Race	white	Birth-place		
Occupation				Where Residing if not at place of death		
Single or Widower						
Father's Name	George Fibich			Father's Birthplace	Unknown	
Mother's Maiden Name	Mary Maddawa			Mother's Birthplace	Prussia	
Name of person giving Information	Frank Fibich			How related to deceased	Brother	
CAUSES OF DEATH						
Primary	Born dead			How long		
Immediate	S			How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Dr. B. Norton M.D.	
				Address	S. Balto, Md.	
Accident or Suicide?						



Name
in
Full

Mary Fibich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>So. Baltimore</u> <small>Town</small>		a		County <u>a</u>	a	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>3</u>	Age <u>43</u>	Years	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>Prussia</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, <u>S</u>	Name of Wife or Husband <u>Geo. Fibich</u>					
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>R. Malava</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>Frank Fibich</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Puerperal Eclampsia

(35)

How long

Half hour

Immediate

Heart Failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

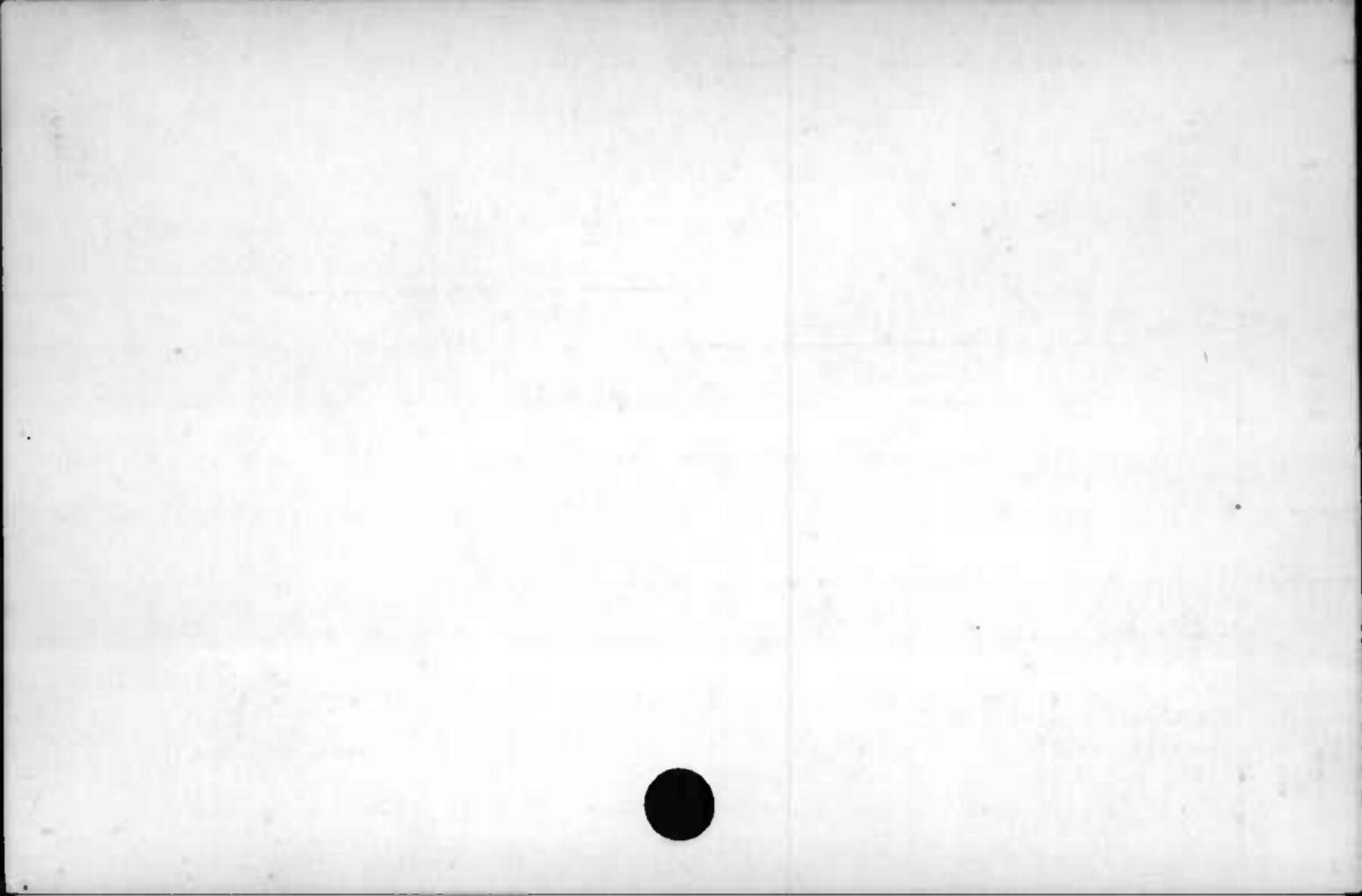
yes

Signature of Physician

Dr. B. Norton M.D.
So. Battie M.D.

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Isaac Franklin

CERTIFICATE OF DEATH

Town	County					
Died at	Anne Arundel					
Date of death	Month	Day	Years	Age	Months	Days
190	May	13	115	45		
Sex	Color or Race	Birth-place				
Male	Colored	Acco.				
Occupation	Where Residing if not at place of death					
Sitter	Clay St.					
Married, Single or Widowed	Name of Wife or Husband	Address				
Married	Isaac Franklin	Isaac Franklin				
Father's Name	Father's Birthplace					
Daniel Franklin	Acco.					
Mother's Maiden Name	Mother's Birthplace					
Great Grand	Dickinson					
Name of person giving Information	How related to deceased					
Joseph Addison	friend					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Atrophy (64)

How long

30 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

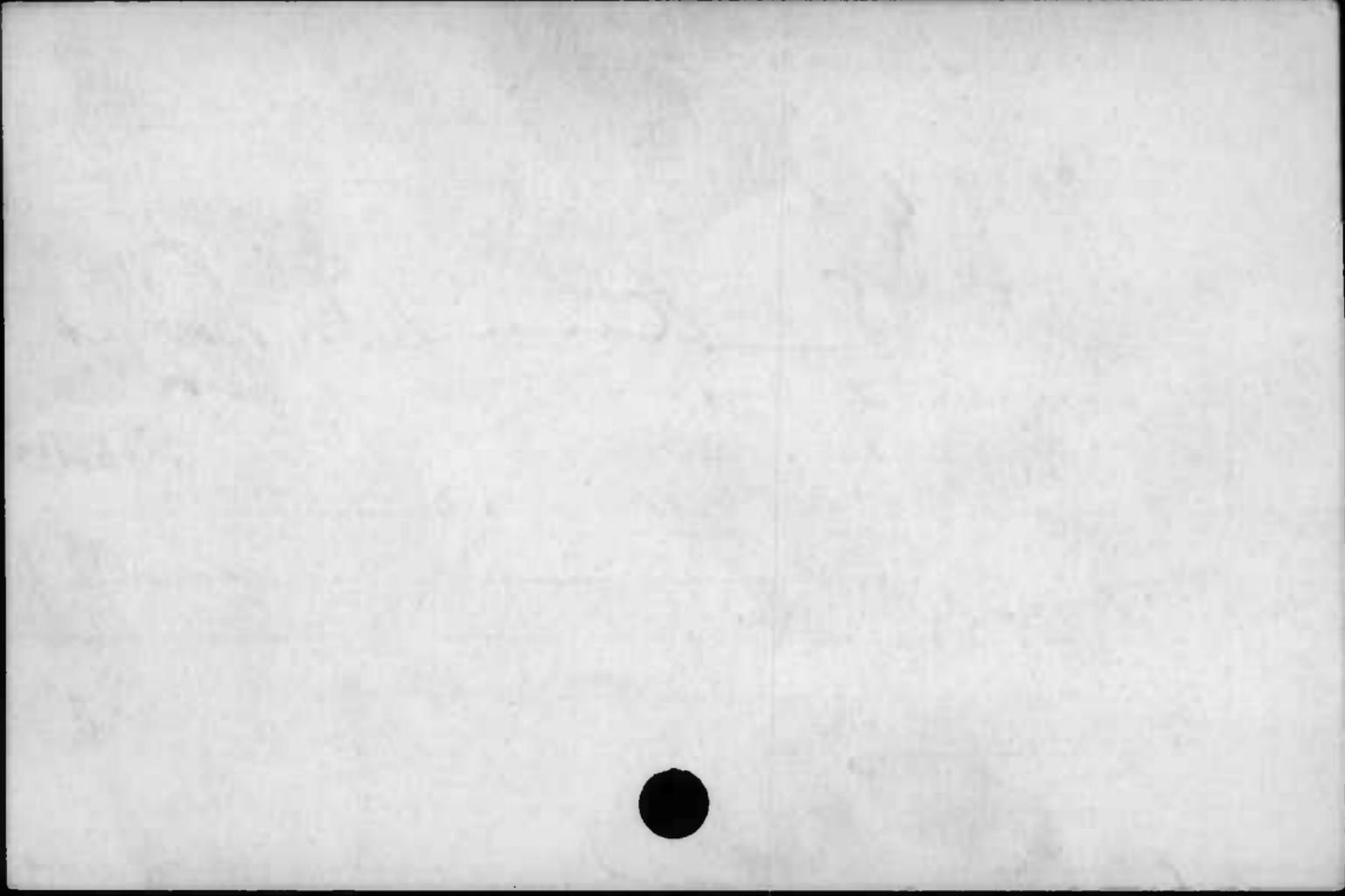
Signature of Physician

yes

Address

John Ridout
Annapolis
Md

Accident or Suicide?



Still Born

Green

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Annapolis</u> MD		County <u>A. A. C</u>			
Date of death <u>1906</u>	Month <u>May</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u> Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Colored</u>	Birth-place <u>Annapolis MD</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Herbert Green</u>	Father's Birthplace <u>Annapolis MD</u>				
Mother's Maiden Name <u>Maria Linn</u>	Mother's Birthplace <u>Annapolis MD</u>				
Name of person giving information <u>Maria Linn</u>	How related to deceased <u>mother</u>				

CAUSES OF DEATH

Primary

Still born S

How long

Immediate

How long

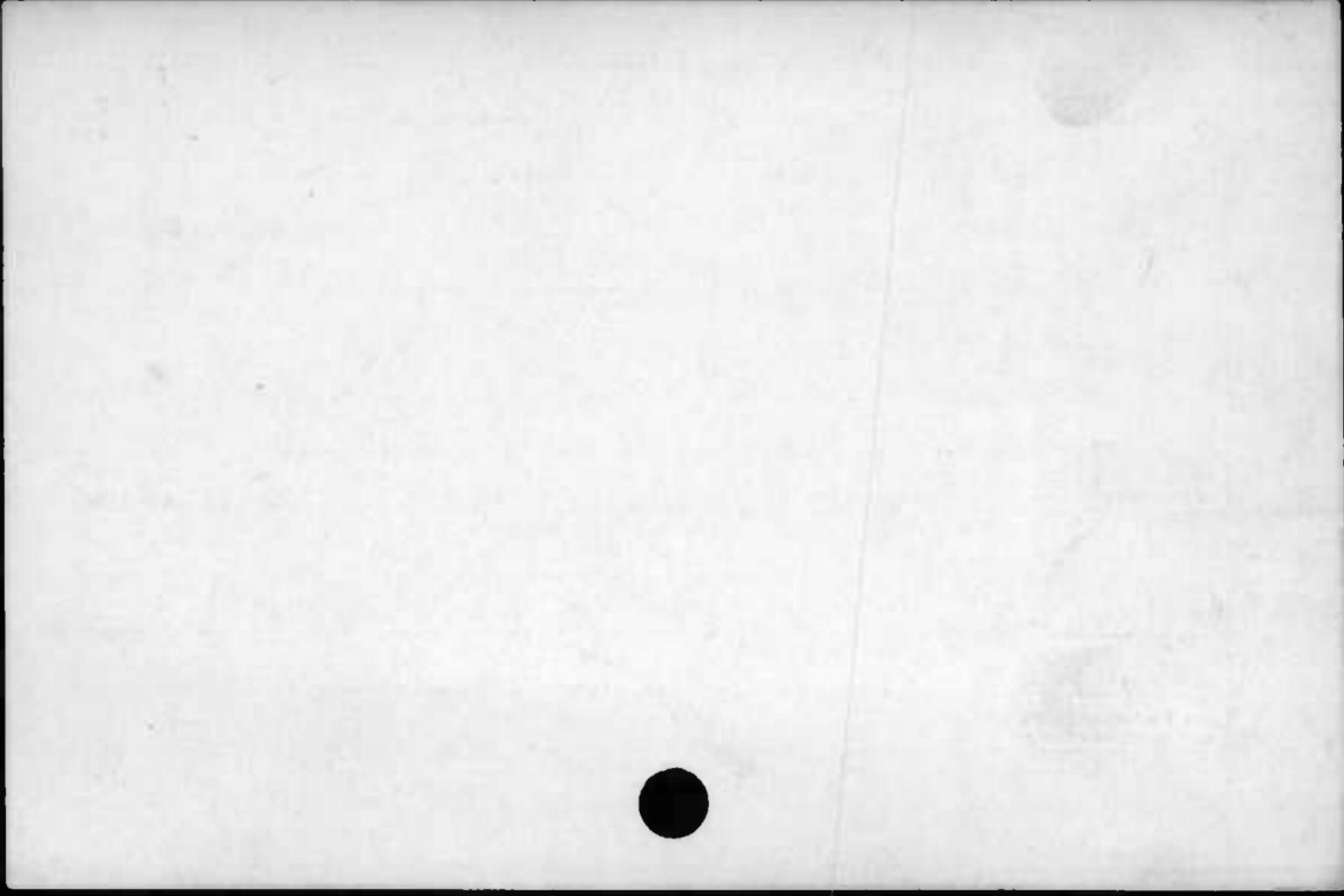
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Welch M.D.
Annapolis

Accident or Suicide?



Name
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Full

Sarah Gross.

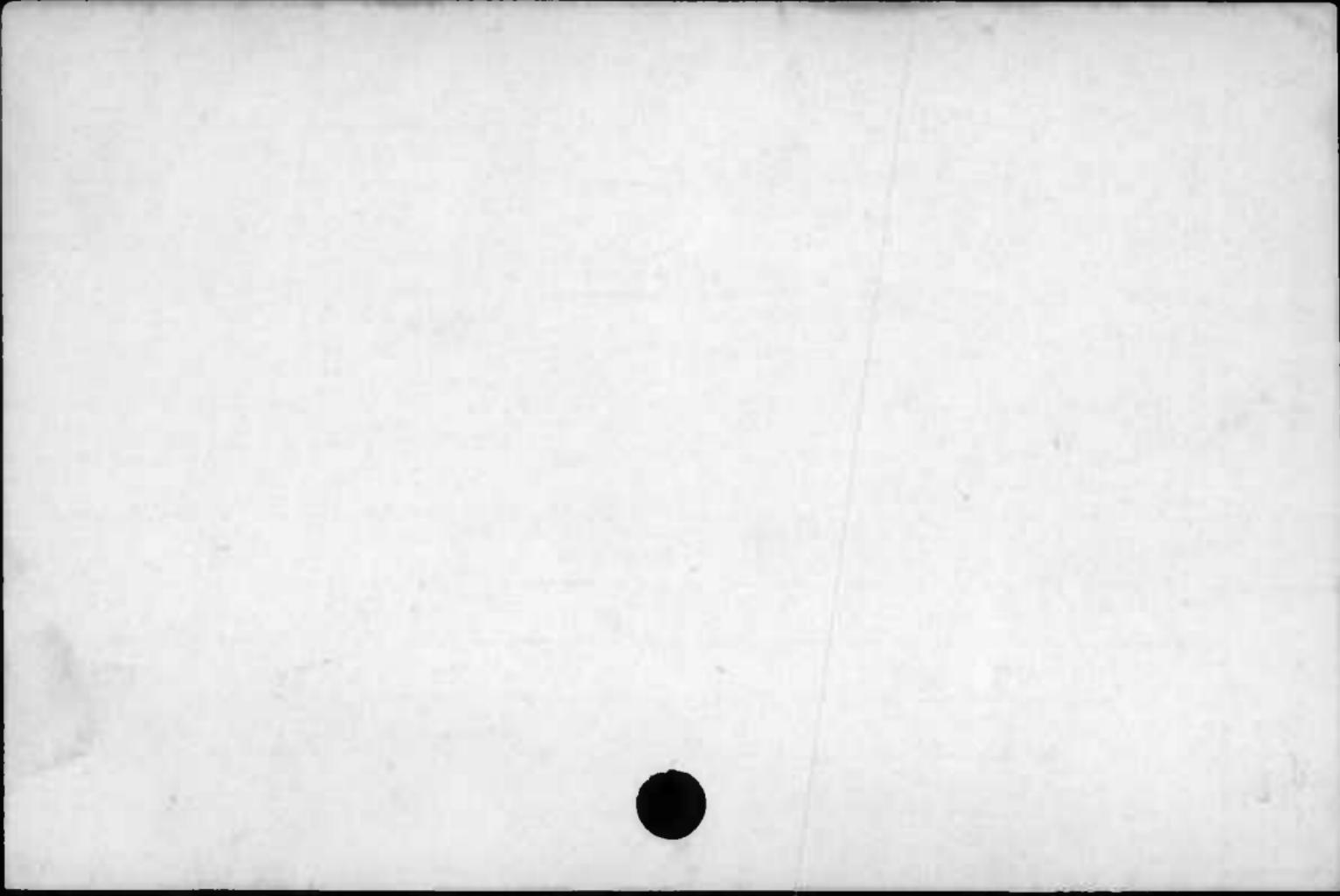
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>McKendree</u>		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>7</u>	Years <u>20</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation <u>Housework</u>		Where Residing If not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>William Gross.</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Catherine Neal</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>George Gross</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Tuberculosis</u>	How long <u>6 months</u>
	Immediate	
Are the name, age, sex, color, date and place correctly given above?		How long
<u>Yes</u>		<u>21</u>
Signature of Physician Address		<u>A. H. Perrie</u> <u>McKendree, Md.</u>
Accident or Suicide?		



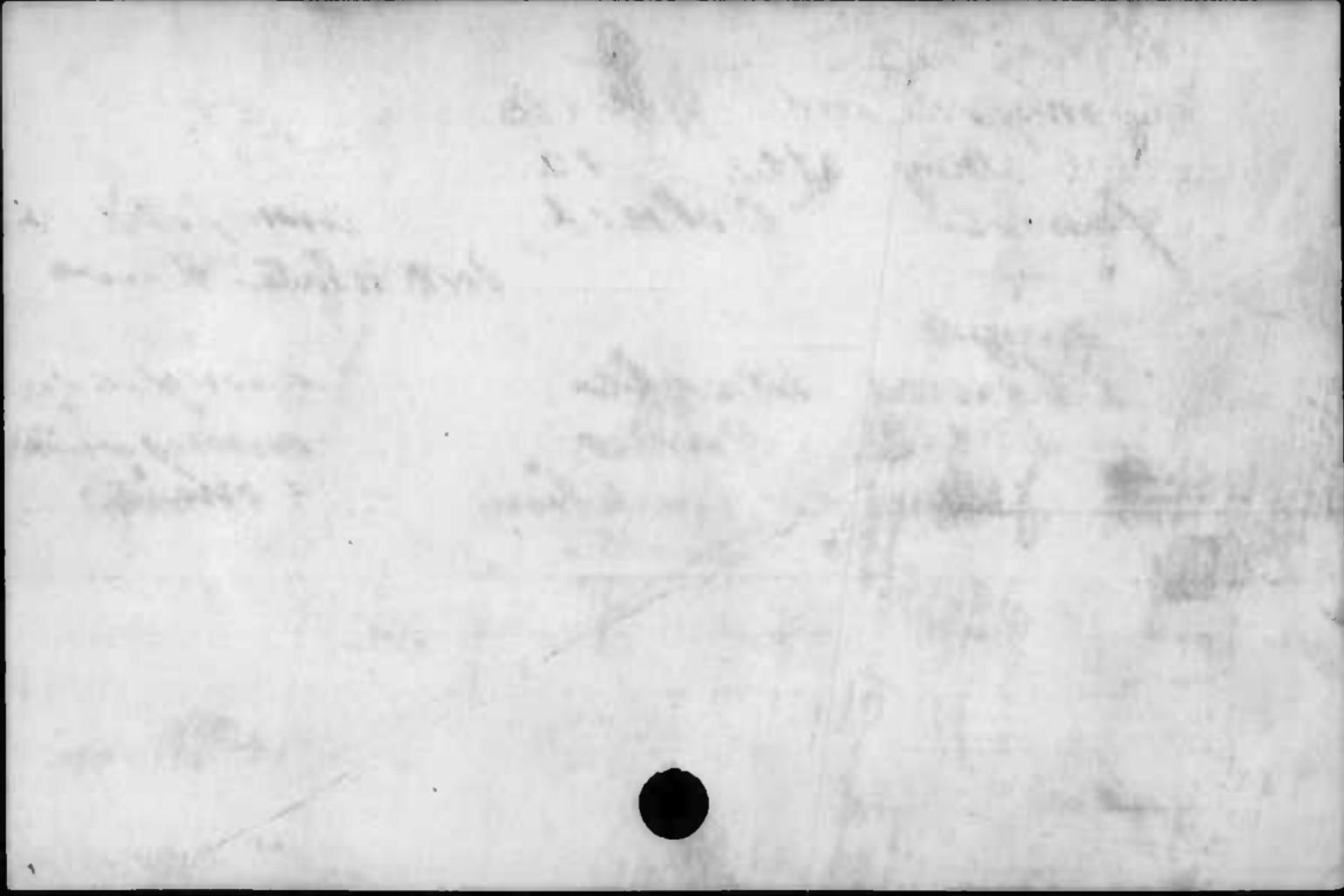
Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Hampton Roads</i>		Town	County		MARYLAND	
Date of death 190	Month May	Day 18	Years 10	Months 7	Days 8	
Sex <i>female</i>	Color or Race <i>colored</i>	Birthplace <i>Annapolis</i>				
Occupation	Where Residing if not at place of death <i>148 7th Street</i>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased <i>Cousin</i>					
CAUSES OF DEATH						
Primary	<i>Burns</i>			(72)	How long <i>Ten days</i>	
Immediate	<i>Getamis</i>				How long	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Address <i>John Ridout Jr Annapolis Md</i>	
<i>Yes</i>						
Accident or Suicide? <i>accident</i>						



Name
in
Full

Frances Misick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died Town		County		MARYLAND		
Date of death 1906	Month May	Day 14	Age 43	Years	Months	Days
Sex Female	Color or Race White	Birth-place New York				
Occupation Farmer	Where Residing if not at place of death Round Boy					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Misick	Father's Birthplace New Bedford					
Mother's Maiden Name Round	Mother's Birthplace					
Name of person giving Information L. E. Hoye	How related to deceased friend					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

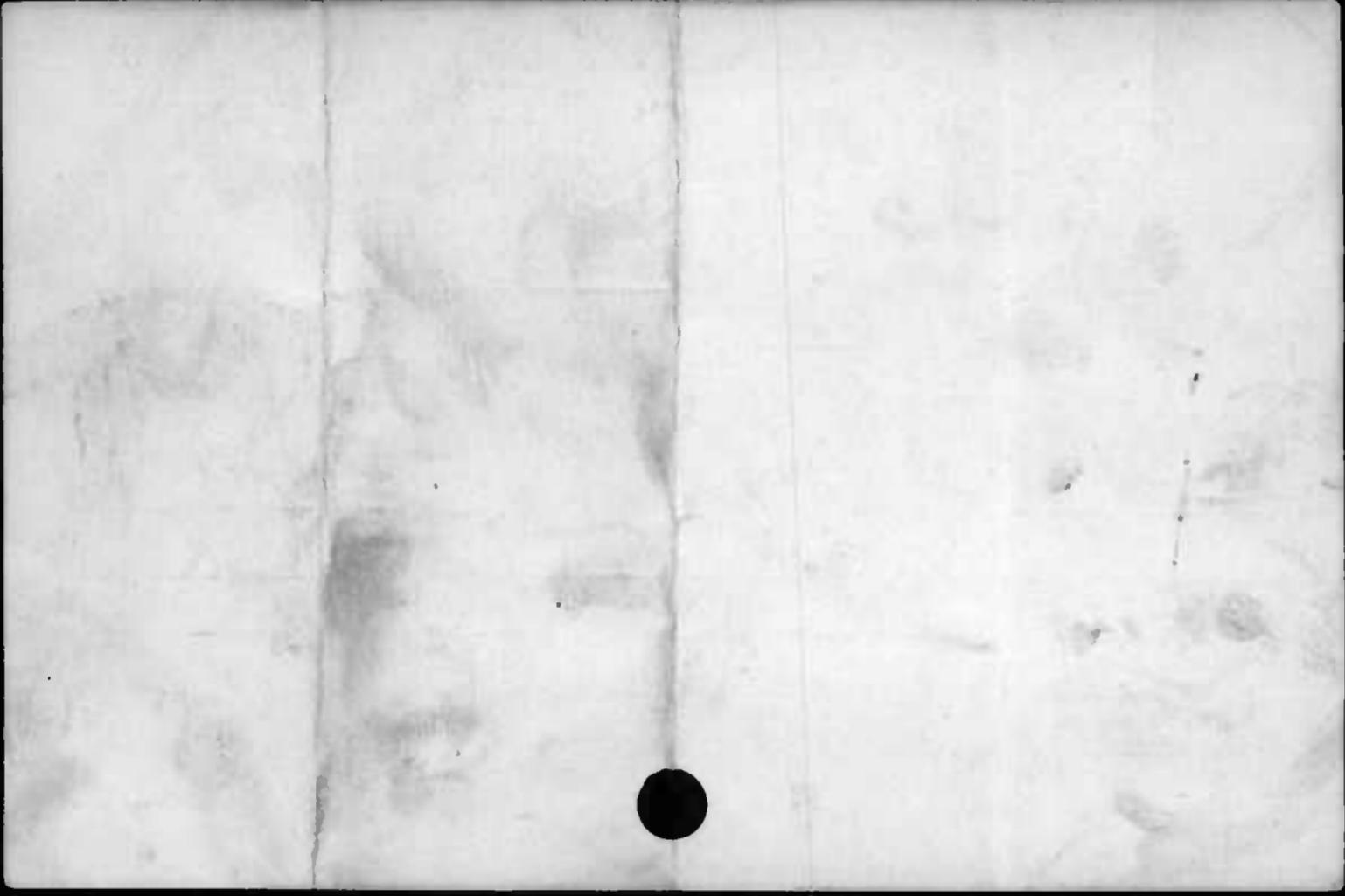
Primary	(119)	How long
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Accident or Suicide?

Address



Name
in
Full

Sophania Muzik

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Charles Bay</u>			County <u>Caro</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>5</u>	Age <u>7</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Wm a</u>				
Occupation <u> </u>	Where Residing if not at place of death <u> </u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Joe Muzik</u>	Father's Birthplace <u>Austria</u>					
Mother's Maiden Name <u>Lucknow Muzik</u>	Mother's Birthplace <u>Austria</u>					
Name of person giving information <u>Father</u>	How related to deceased <u> </u>					

CAUSES OF DEATH

(9)

Primary

Diaphtheria

How long

6 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

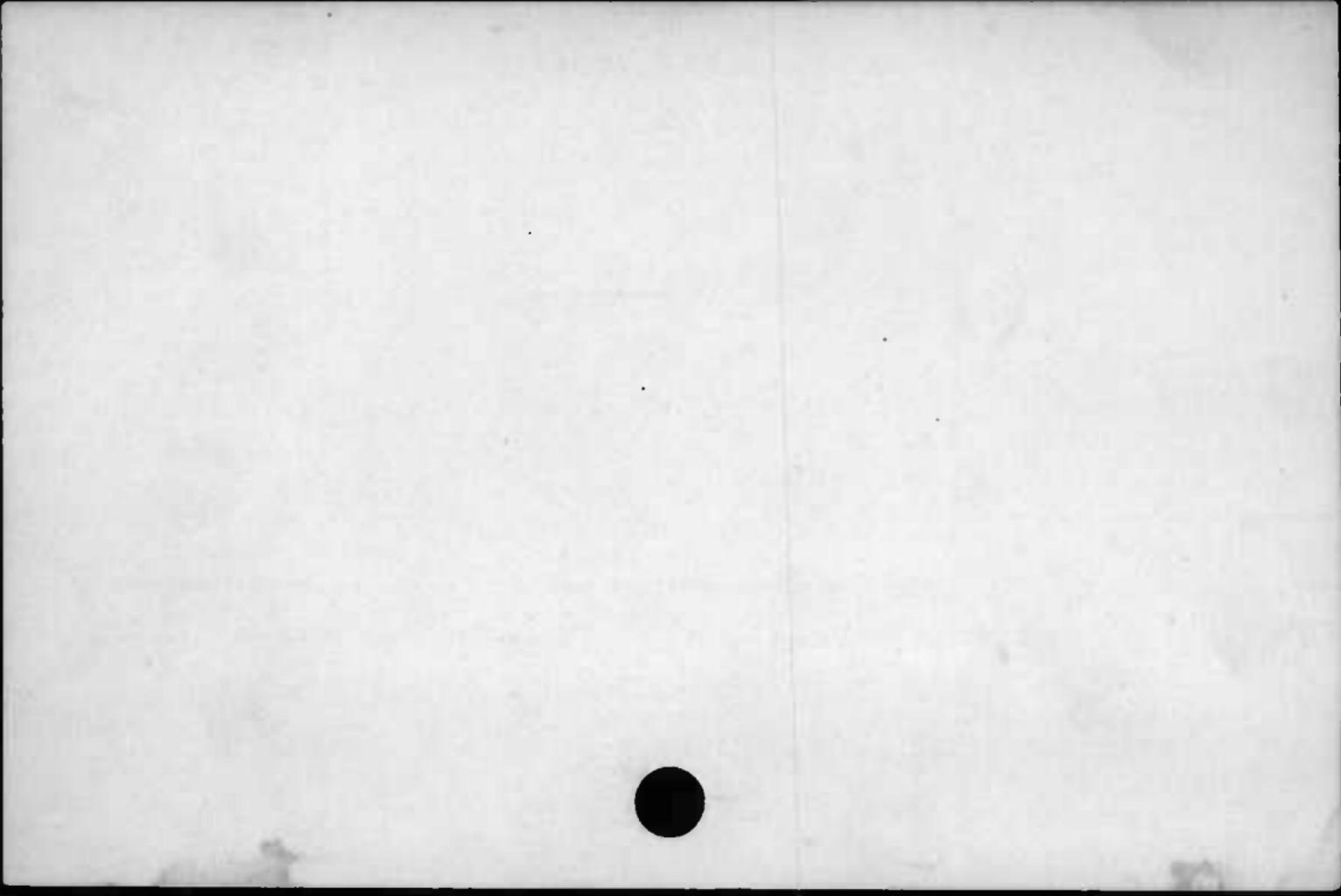
Signature of Physician

Address

Chas. H. Broode

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Richard Pleasant

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	West Annapolis Md	Age	Years	Months	Days
Date of death	1906 May 1st	Day	Years	Months	Days
Sex	male	Color or Race	Colored	Birth-place	West Annapolis Md
Occupation	Where Residing if not at place of death West Annapolis Md				
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Edward Pleasant		Father's Birthplace	New York	
Mother's Maiden Name	Bertha Brown		Mother's Birthplace	West Annapolis	
Name of person giving information	Stattie Brown		How related to deceased	Grand mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastro Enteritis 05 days
How long

Immediate

Exhaustion 05 days
How long

Are the name, age, sex, color, date and place correctly given above?

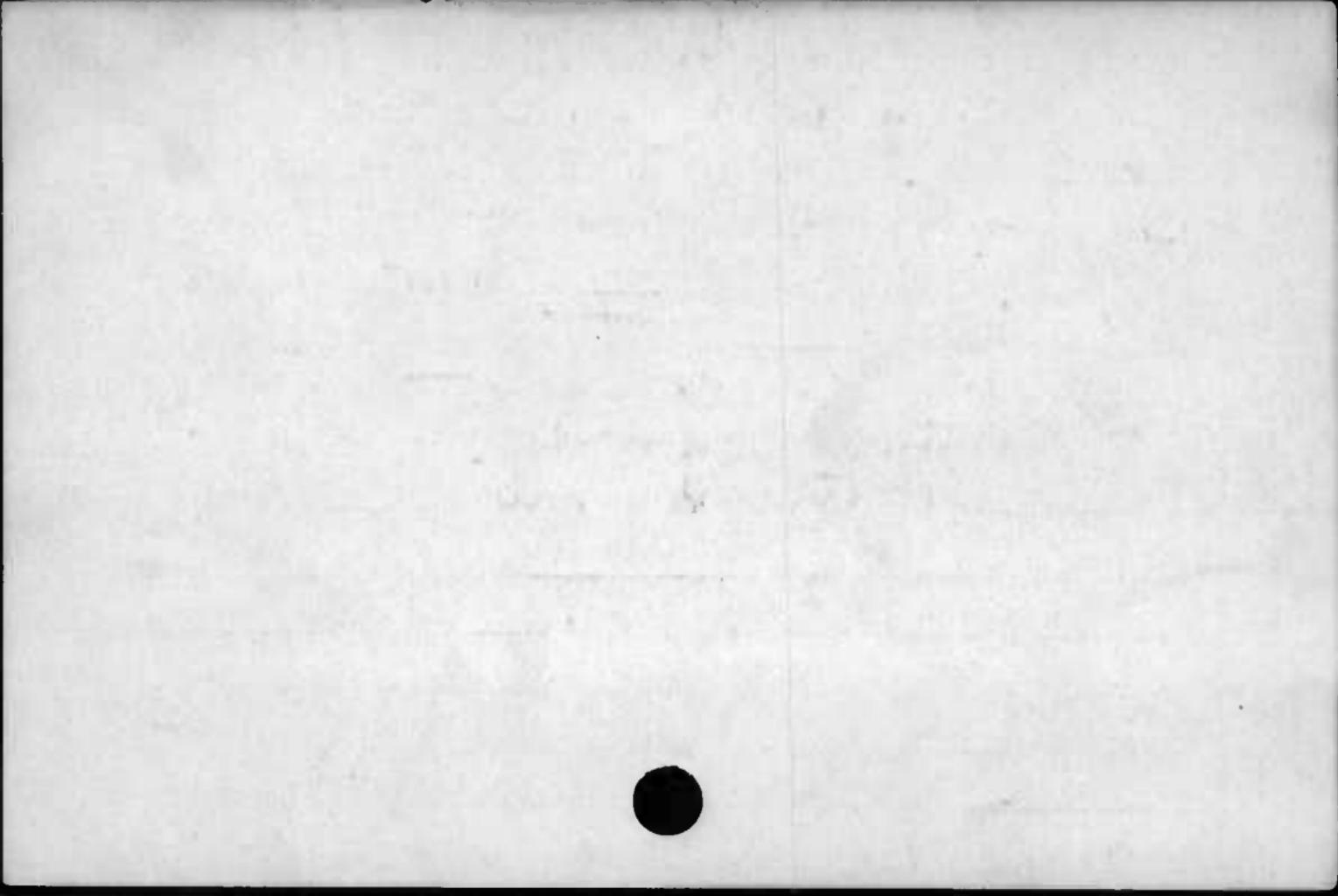
Signature of Physician

Yes

Address

John Ridout, M.D.
Annapolis
Md

Accident or Suicide?



Name in Full

Gustavus Reckzoh *commonly known by the name of August Rex*

Certificate of Death

Died at *Town* Farm of Jas. S. Porter near mouth of Negley Riv 3rd dis. A.A. Co. *County* MARYLAND

Date 1906	Month May	Day 1 st	Y. M. D.	Native of Germany	Occupation Farmer
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of —

Wife

Father's

Name

64

Mother's Name

Cause of

Primary

Apoplexy (supposed)

How long sick *complaining*
3 or 4 days *of pain in head*

Death

Immediate

(dead when found)

Accident, Suicide, Homicide

Reported by

Alexander Patterson on the James Porter Farm and
Merrill S. Dugay Justice of the Peace acting
as Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Gott Brane
from
M. J. Deale
F

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month May	Day 26	Age 65	Years	Months
Sex	Male	Color or Race	White		Birth-place	Germany
Occupation	Cutter		Where Residing if not at place of death		Rupp	
Married, Single, or Widowed	Married	Name of Wife or Husband	Katherine		Rupp	
Father's Name	Not Known				Father's Birthplace	Not Known
Mother's Maiden Name	" John W. Rupp				Mother's Birthplace	
Name of person giving information	John W. Rupp				How related to deceased	Son

CAUSES OF DEATH

Primary

Interstitial hepatitis

How long
several months -

Immediate

Haemorrhage from stomach several days -

How long

Are the name, age, sex, color, date and place correctly given above?

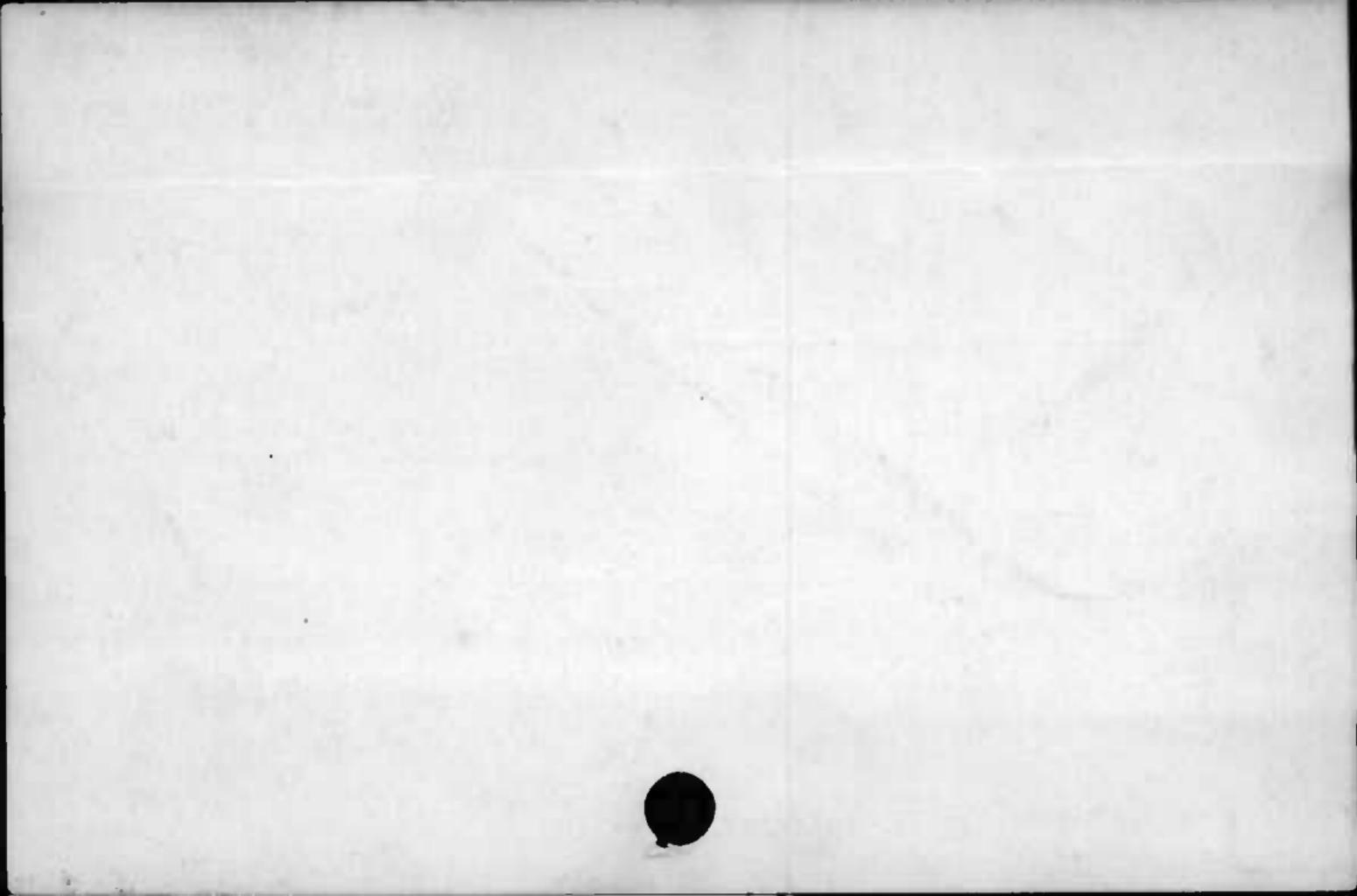
yes

Signature of Physician

Address

Fred A. Consalvi, M.D.
2221 E. Baltimore St.
Baltimore, Md.

Accident or Suicide?



Name
in
Full

Catharine Schenrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	August Schenrich			
Father's Name	Germany				
Mother's Maiden Name	Germany				
Name of person giving information	Son				

1906 5-30 79 — 3

Female White

Housewife

Widow

Jacob Bauer

Valentine Schenrich

CAUSES OF DEATH

PHYSICIAN
OR CORONER

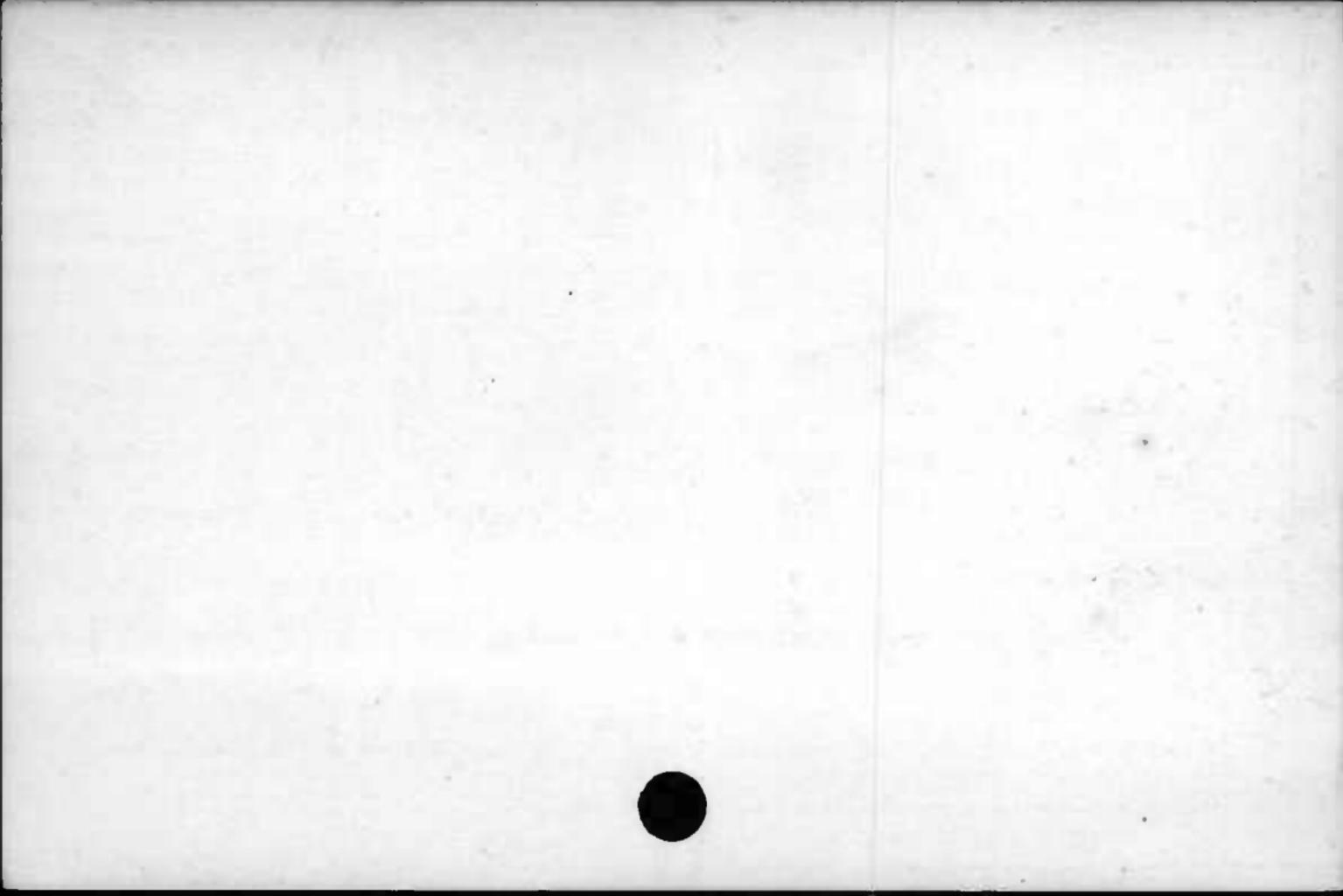
Primary	Nephritis		How long	—
Immediate	Convulsions		How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. J. Hammond	
Yes		Address	Jesup -	
Accident or Suicide?				

120

Yes

2 hours

Jesup -



Name
in
Full

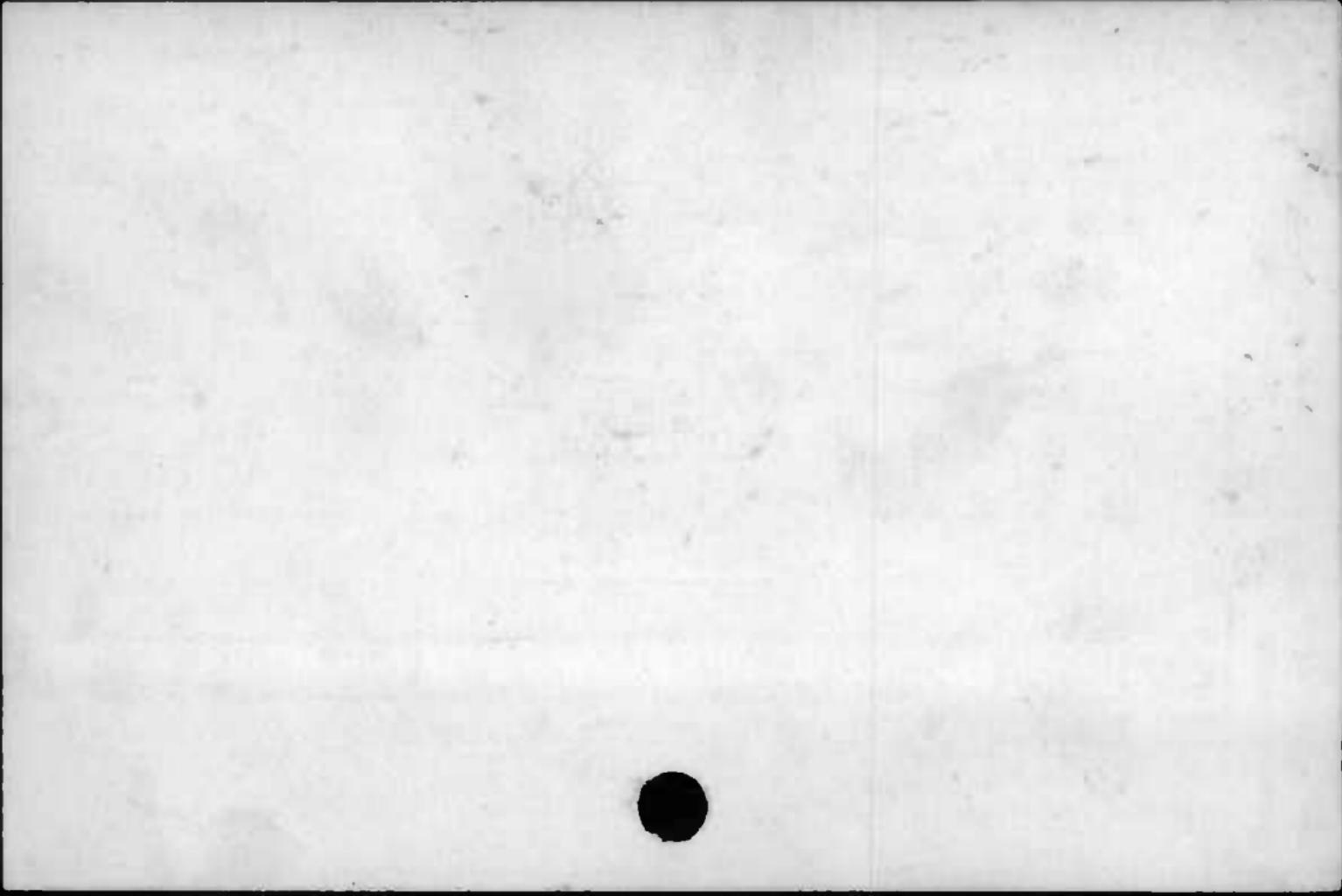
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Anne Arundel</i> MD		County <i>A. A. C.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>4</i>	Years <i>44</i>	Months	Days
Sex <i>female</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis, Md.</i>			
Occupation <i>Cooking</i>	Where Residing if not at place of death <i>Acton Lane</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Charles Sims</i>	Father's Birthplace <i>Wardlow</i>			
Father's Name <i>Jack Carpenter</i>	Mother's Birthplace <i>Wardlow</i>				
Mother's Maiden Name <i>Isabella Carpenter</i>	How related to deceased <i>niece</i>				
Name of person giving information <i>Barbara Higa</i>	Age <i>43</i>				

CAUSES OF DEATH

Primary <i>Mammary Carcinoma</i>	How long <i>3 years.</i>
Immediate <i>Carcinomatosis & Exsanguination</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis B. Henkel Jr.</i>
	Address <i>195 Gloucester St., Annapolis, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Charlotte Spencer

CERTIFICATE OF DEATH

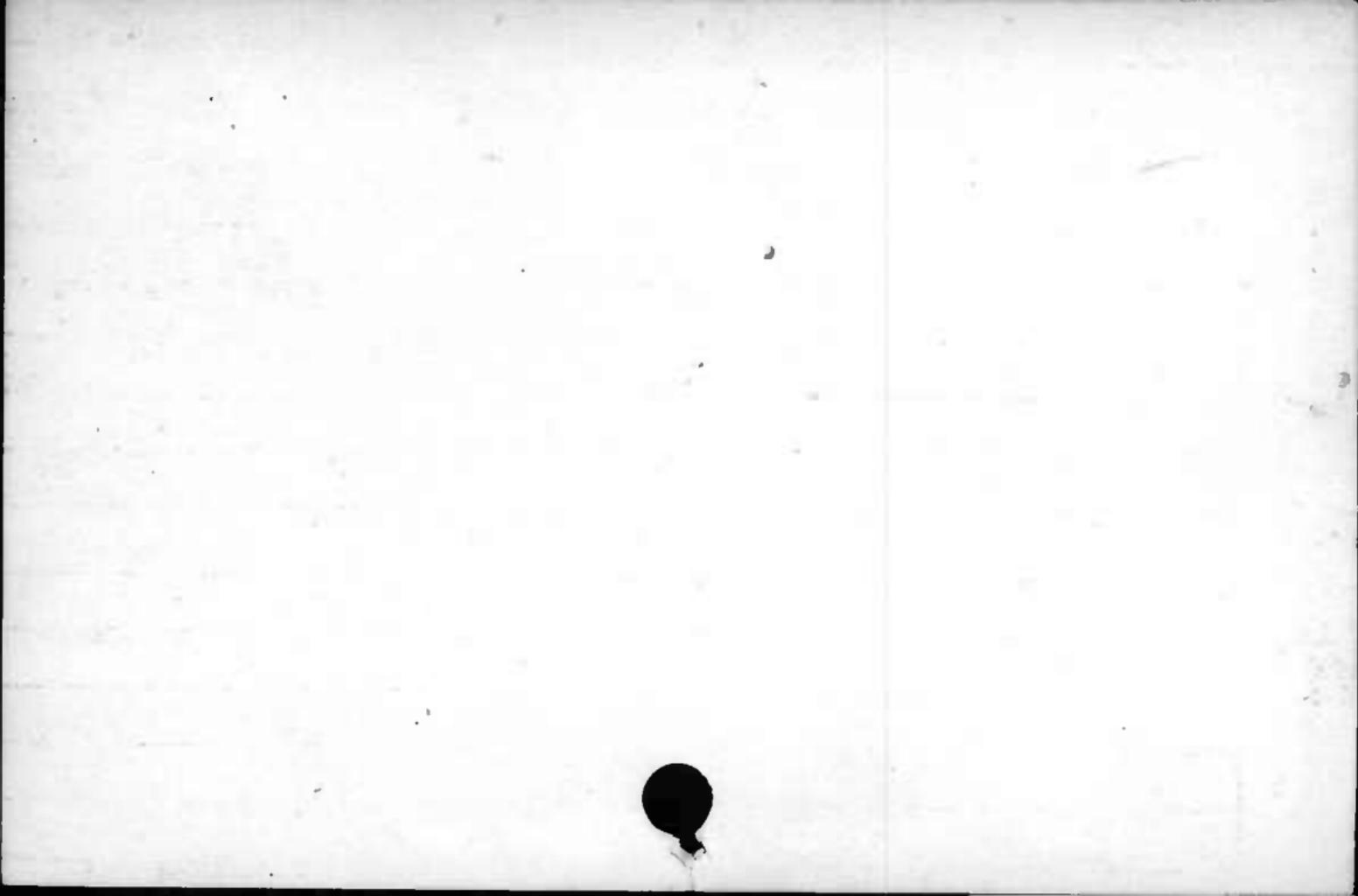
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Maryland</u>		Town	County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>27</u>	Age <u>50</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Anne Arundel County</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William Spencer</u>					
Father's Name <u>William Lusner</u>			Father's Birthplace <u>Anne Arundel County</u>			
Mother's Maiden Name <u>I don't know</u>			Mother's Birthplace <u>MD</u>			
Name of person giving information <u>John Spencer</u>			How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>3 years</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. H. Latane MD</u>
	Address <u>Arniger MD</u>
Accident or Suicide?	



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Miss Abbie Spurrier

CERTIFICATE OF DEATH

Died at		Town Annapolis	County	MARYLAND		
Date of death	Month Mar.	Day 5	Years 68 -	Months	Days	
Sex Woman	Color or Race White	Birth- place Baltimore				
Occupation	Where Residing If not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband Helen Spurrier		Father's Name Helen Spurrier	Father's Birthplace Baltimore		
Mother's Maiden Name Eliza Camp			Mother's Birthplace Baltimore	Baltimore		
Name of person giving Information Josephine Spurrier			How related to deceased Cousin			

CAUSES OF DEATH

Primary

Bright's Disease

93

How long

Several months

Immediate

Pneumonia

How long

Three weeks

Are the name, age, sex, color, date
and place correctly given above?

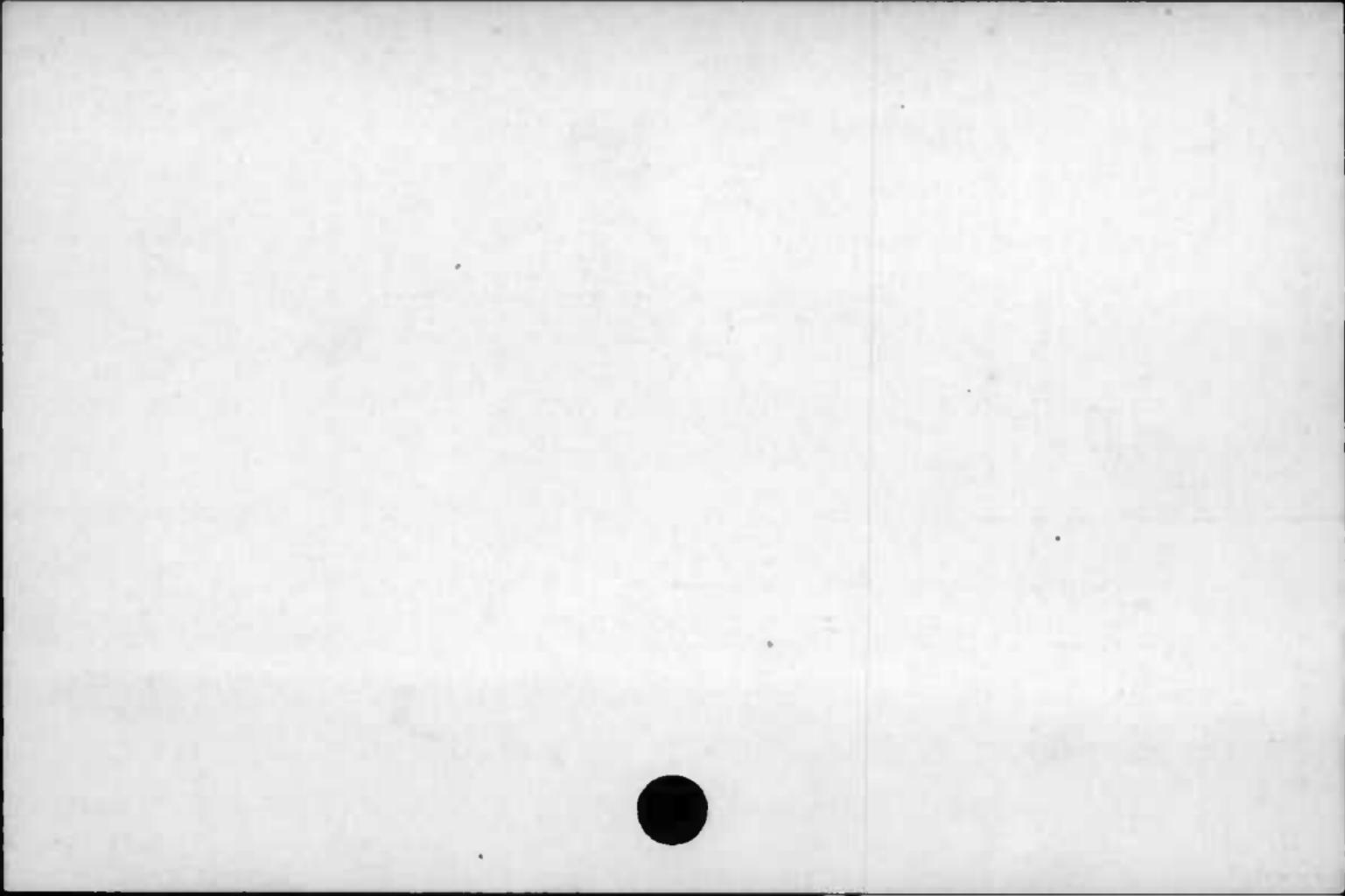
Yes

Signature of
Physician

Address

J.M. Worthington
Annapolis, Md.

Accident or Suicide?



Name
in
Full

Wilbur A. Stevens

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1906	May.	31	—	10	25	
Sex	Color or Race		White	Birth-place	Eastport	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Philip T. Stevens			Father's Birthplace	Calvert Co Md	
Mother's Maiden Name	Elmira S. Wood			Mother's Birthplace	Calvert Co Md	
Name of person giving Information				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping cough

⑧

How long

2 weeks

Immediate

Strangled

How long

Are the name, age, sex, color, date
and place correctly given above?

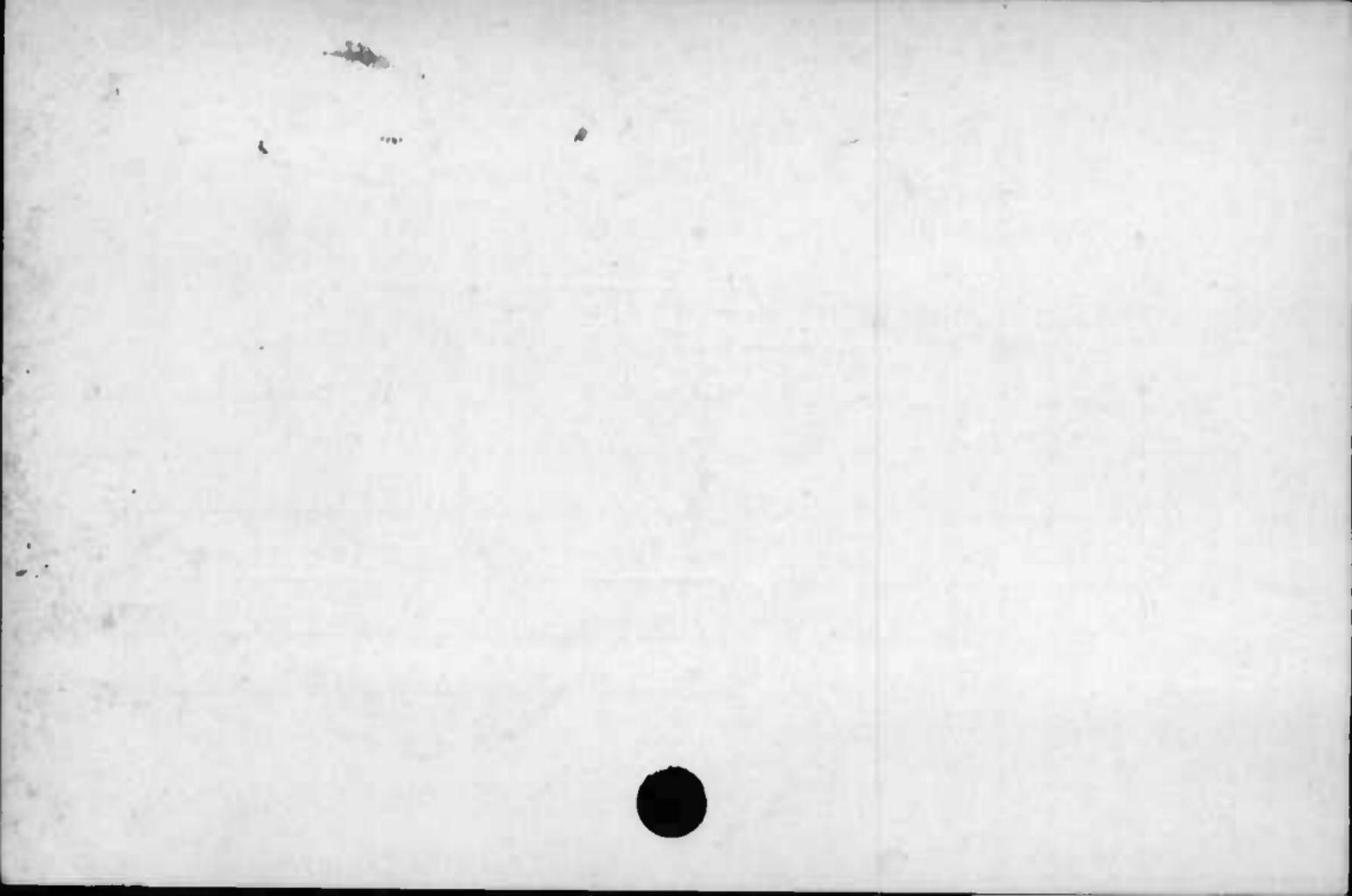
Yes

Signature of
Physician

Address

Geo Wells M.D.
Annapolis
Md

Accident or Suicide?



Name
in
Full

Julia Ann Talbott

CERTIFICATE OF DEATH

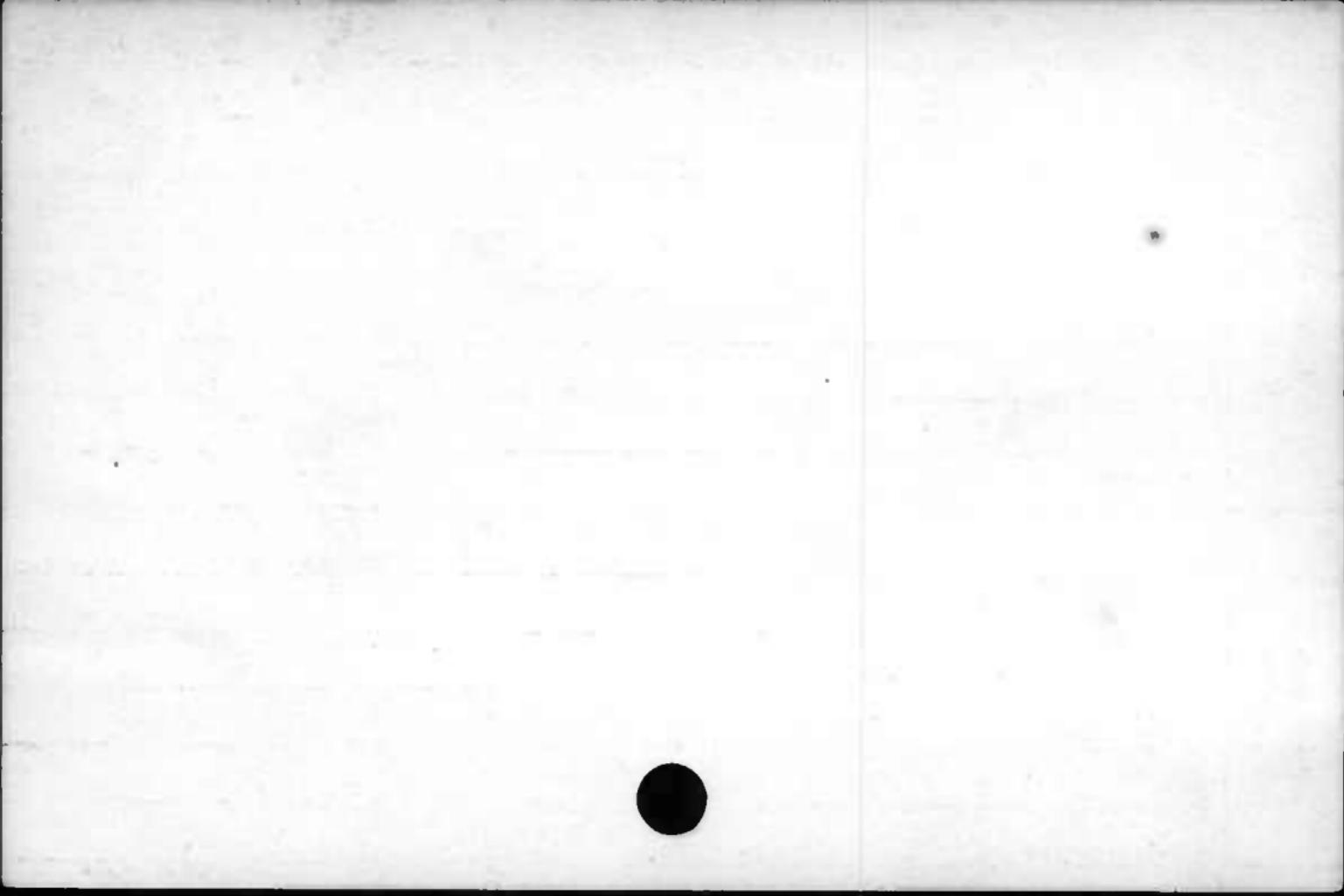
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Marley		Town	County Anne Arundel		MARYLAND	
Date of death 1906	Month May	Day 5	Years 14	Age	Months	Deys
Sex Female	Color or Race Black			Birth-place Anne Arundel Co		
Occupation Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Jeremiah Talbott		Father's Birthplace		Anne Arundel County	
Mother's Maiden Name	Julia Ann Miller		Mother's Birthplace		Anne Arundel County	
Name of person giving information	Jeremiah Talbott		How related to deceased		Father	

CAUSES OF DEATH

Primary	Phtisis Pulmonalis (2)		How long	1 year
Immediate	Heart failure		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. W. Corane M.D.	
		Address	Armagard - Md	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Wesley Taylor</i>				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 190	Month	Day	Years	Months		Days	
Sex	Color or Race	Age		Birth-place		a.a.c.o.	
Occupation	Where Residing if not At place of death			307 East St.			
Married, Single or Widowed	Name of Wife or Husband	Wesley Taylor			a.a.c.o.		
Father's Name	Denver Taylor			a.a.c.o.			
Mother's Maiden Name	Anna Dwyer			a.a.c.o.			
Name of person giving Information	Charlotte Taylor			Wife			

CAUSES OF DEATH

Primary

acute Indigestion

How long

or few hours

Immediate

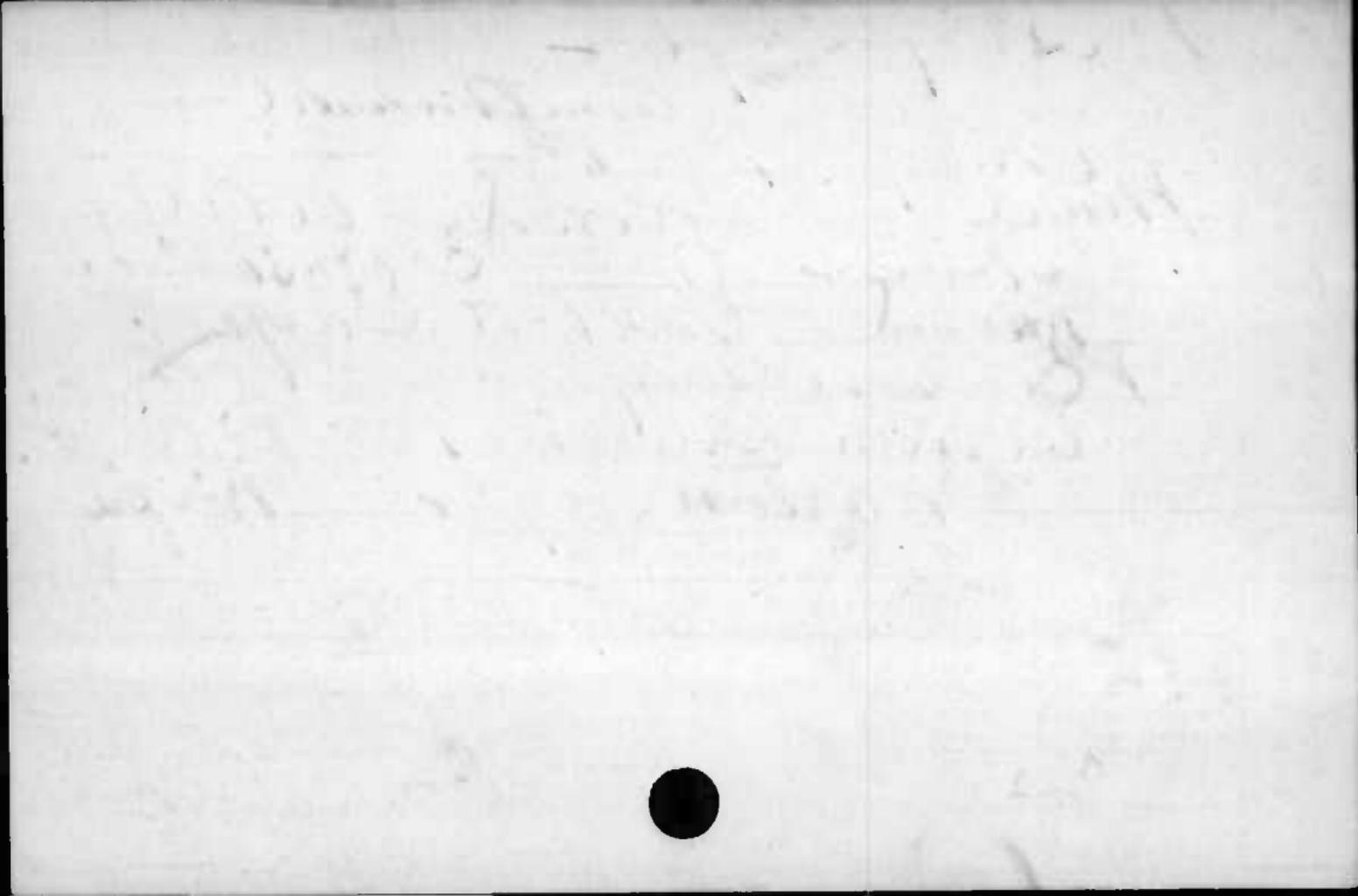
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Accident or Suicide?

Address



Name
in
Full

Roland P Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1906 May 12 41 East-Port

Male White

Where Residing if not at place of death

Single

Robert H. Thomas

Ida Davis

Robert H. Thomas

Baltimore, Md.

B. A. Collier

Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pertussis ⑥ Two weeks

Immediate Heart Failure

How long

How long

Are the name, age, sex, color, date and place correctly given above?

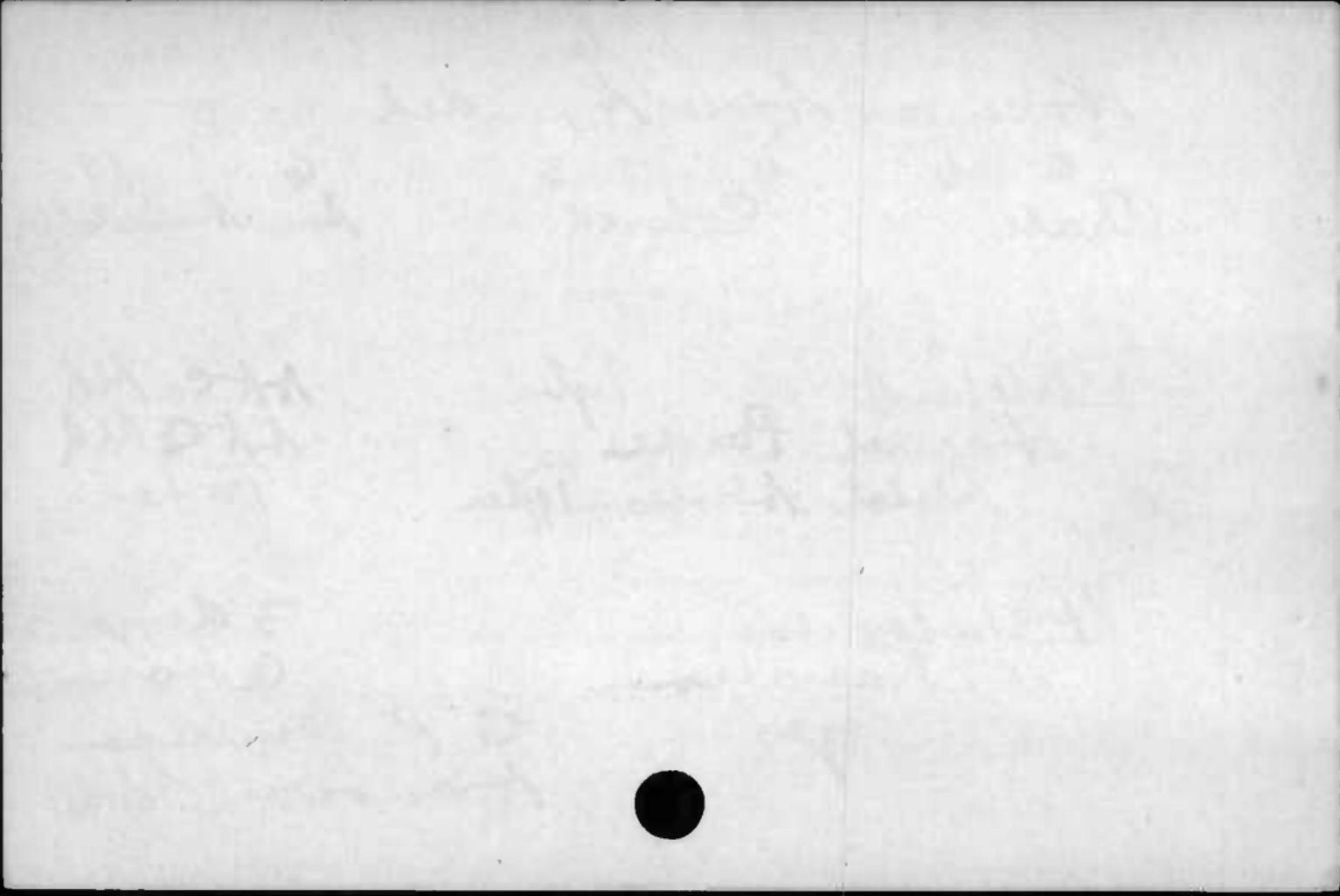
yes

Signature of Physician

Address

Wm S Welch
Annapolis

Accident or Suicide?



Handy Abraham Tyler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND			
Date of death	1906	Month 5	Day 4	Age 3	Years	Months 6	Days 19
Sex	Male	Color or Race	Colored		Anne Arundel Co Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Fletcher Abraham Tyler		Father's Birthplace			AT Co Md	
Mother's Maiden Name	Harriet Parker		Mother's Birthplace			AT Co Md	
Name of person giving information	Fletcher Abraham Tyler		How related to deceased			Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Peritonitis

116

How long

3 days

Immediate

Ex haemorrhage

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

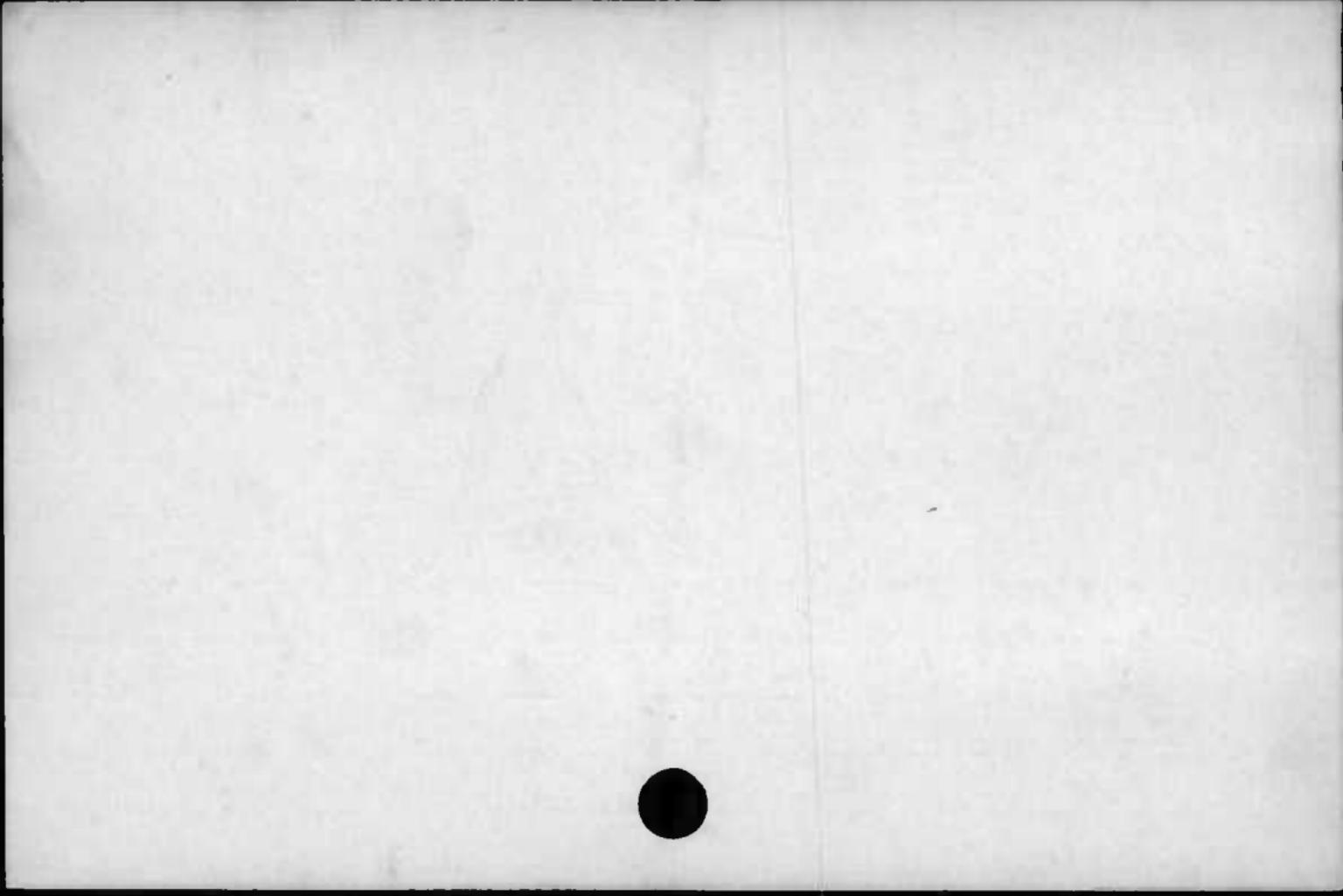
yes

Signature of Physician

Address

T R Winkler
Hanover Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

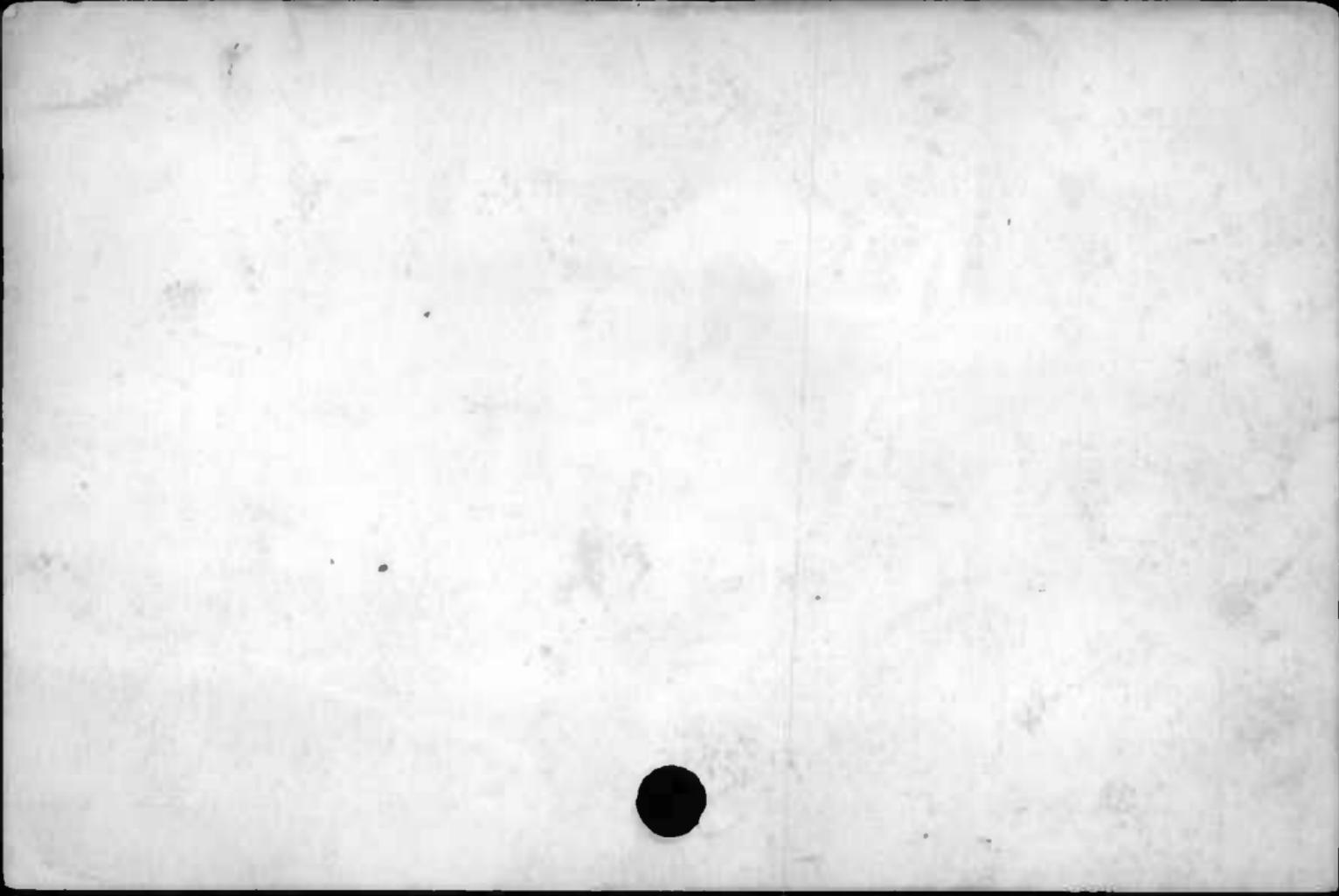
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Coloured		Birth-place	Baltimore
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Samuel Watkins				
Mother's Maiden Name		Loyne Williams				
Name of person giving Information		Samuel Williams				

CAUSES OF DEATH

190

PHYSICIAN OR CORONER	Primary	Cause of Death		How long
	Immediate	Cause of Death		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address
According to information		Dr. W. W. Watkins		Baltimore, Md., U.S.A.
Accident or Suicide?		Cause of Death		Concluded



Name
in
Full

Bond Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at annapolis md		Town		County		MARYLAND			
Date of death 1906	Month May	Day 16 th	Age	Years	Months	Days			
Sex Female	Color or Race	Colored		Birth-place annapolis					
Occupation	Where Residing if not at place of death 106 Calvert st								
Married, Single or Widowed single	Name of Wife or Husband								
Father's Name	Samuel Watkins		Father's Birthplace annapolis						
Mother's Maiden Name	Ernest Carver		Mother's Birthplace annapolis						
Name of person giving information	Samuel Watkins		How related to deceased fathered						

CAUSES OF DEATH

Primary

Still-born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

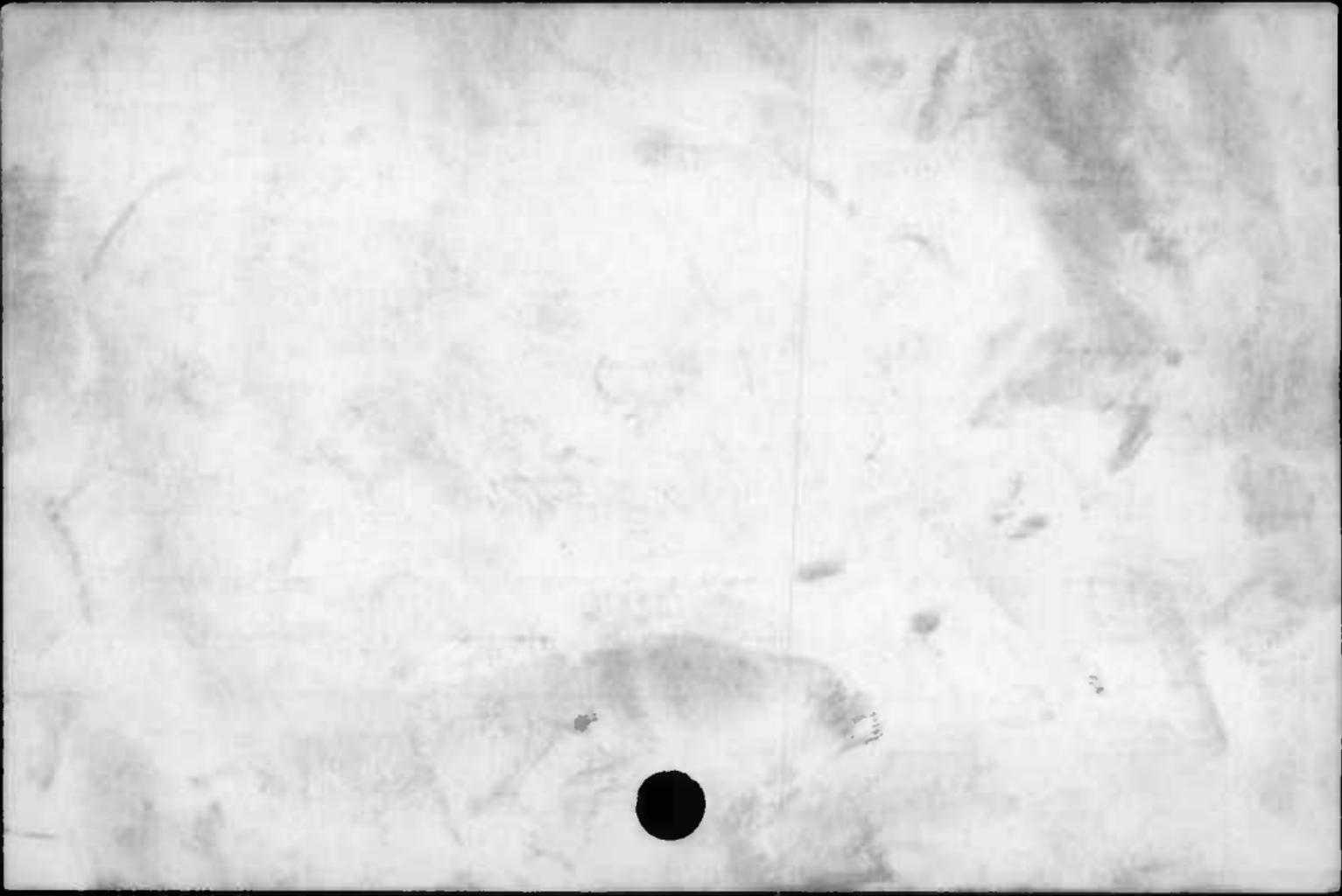
yes

Address

John Ridout
Annapolis
Md

PHYSICIAN
OR CORONER

Accident or Suicide?

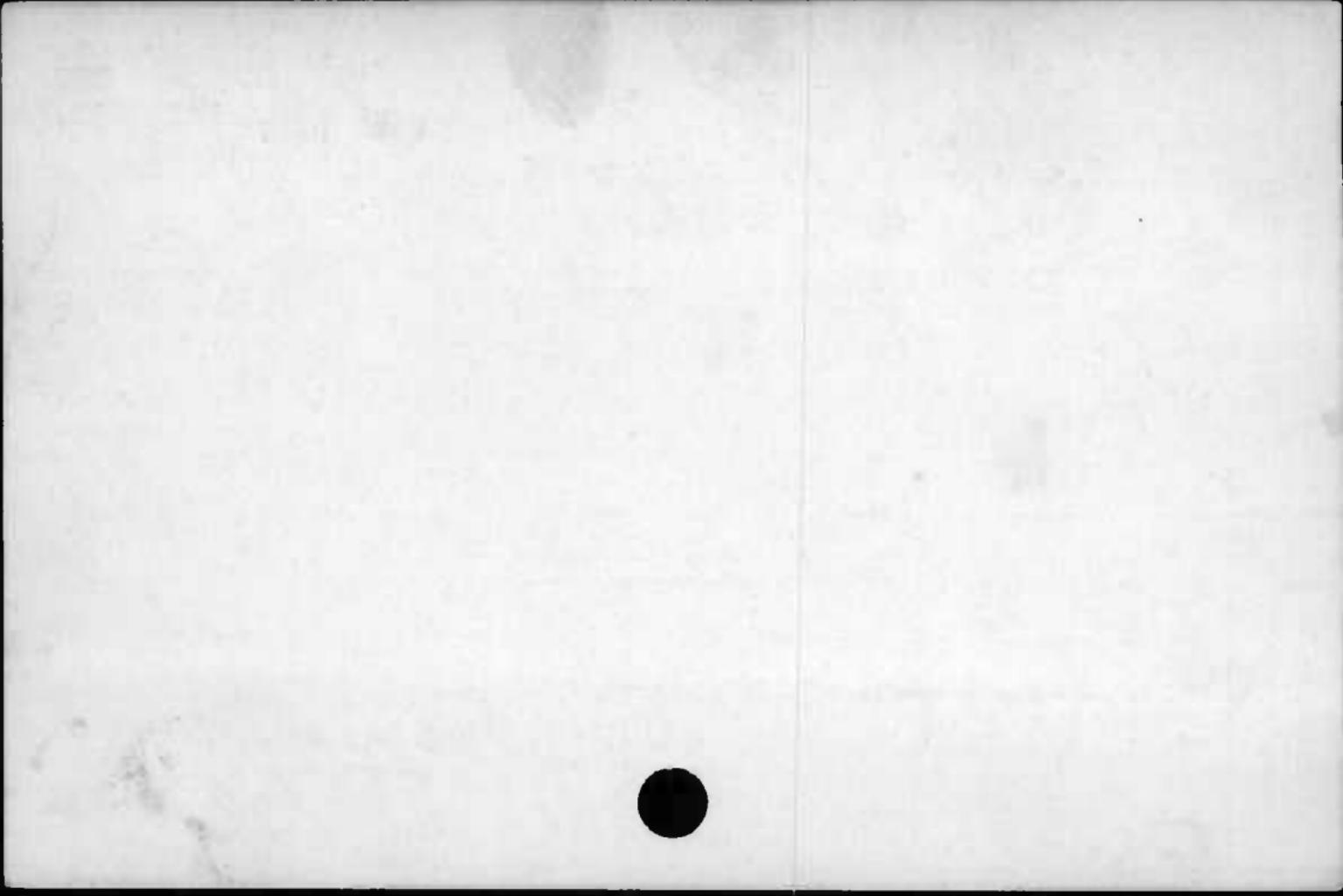


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
Female	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
CAUSES OF DEATH					
Primary	Pneumonia	Result	151	How long	one day
Immediate					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
Accident or Suicide?					



Name
in
Full

Alexander Joabne Watta

CERTIFICATE OF DEATH

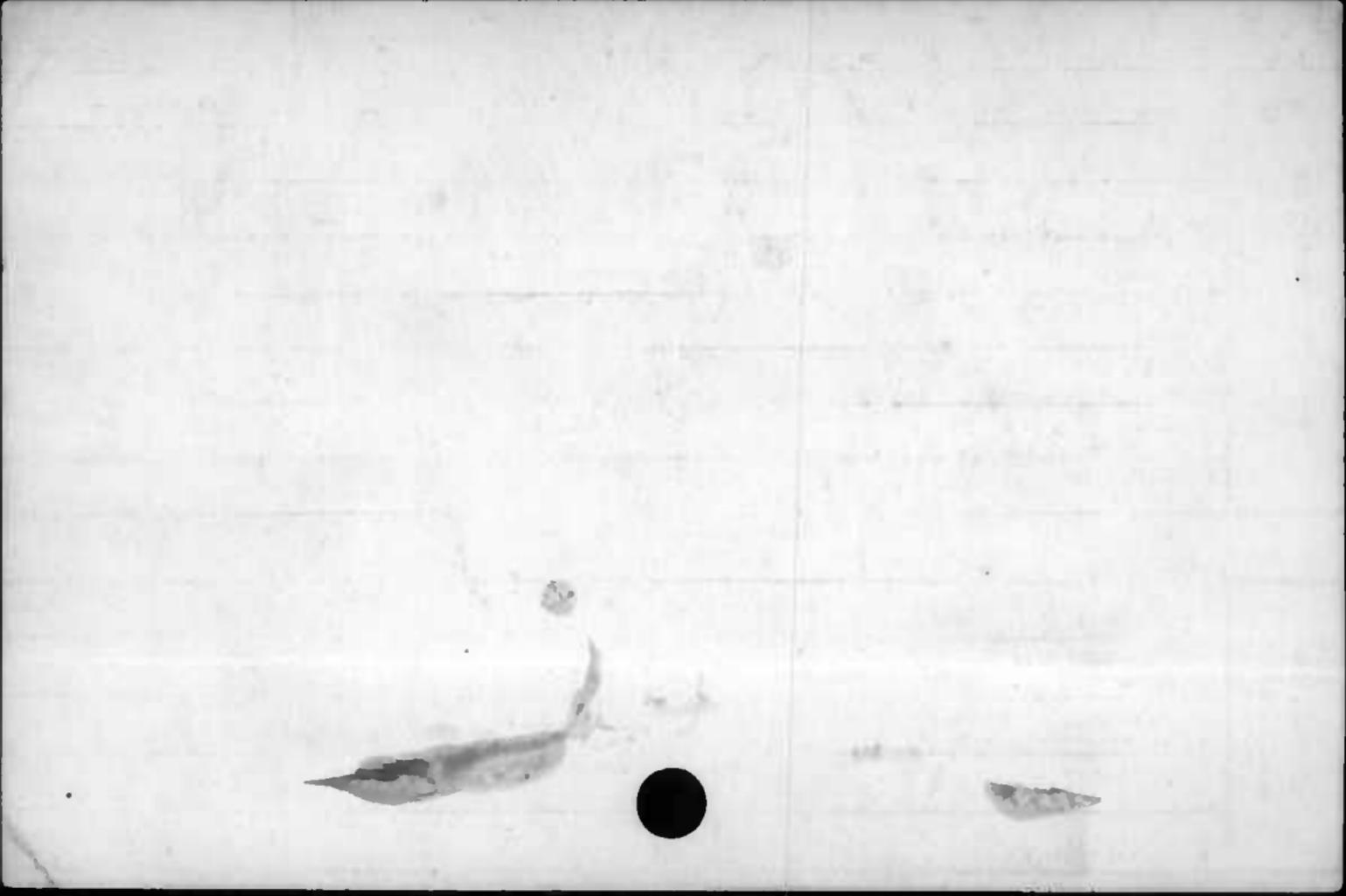
To BE ANSWERED BY
NEAREST FRIEND

Died at Brooklyn		County ad. Co.		MARYLAND		
Date of death 1906	Month May	Day 10	Age	Years	Months	Days
Sex M	Color or Race W	Birth-place Brooklyn				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Father's Birthplace Md				
Mother's Maiden Name		Mother's Birthplace Md				
Name of person giving information		How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Partusis	How long	6 weeks
Immediate	Bronco Pneumonia	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	William D. Scott M.D.
		Address	Centro Bag ad. Co. Md.
Accident or Suicide?			



Name
in
Full

Rufus L. Hellis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Annapolis	A A	Months	Days	
Date of death	Month	Day	Years	Months	Days
1906	May	30	89		
Sex	Male	Color or Race	White	Birth-place	
Occupation	Carpenter	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name					
Mother's Maiden Name					
Name of person giving information					

(15)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

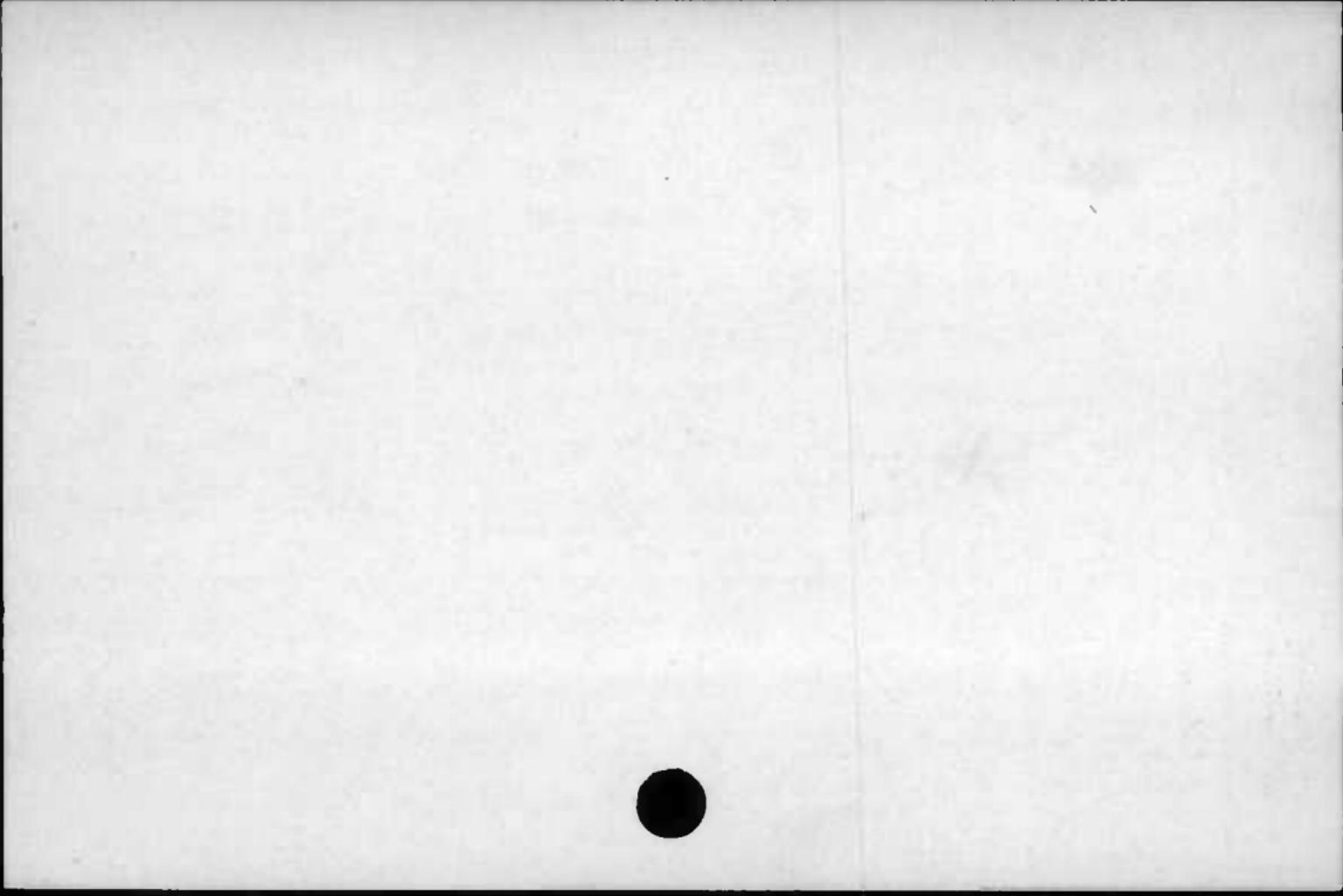
Yes

Signature of
Physician

Address

John N. Davis
Annapolis
Adm. Coroner

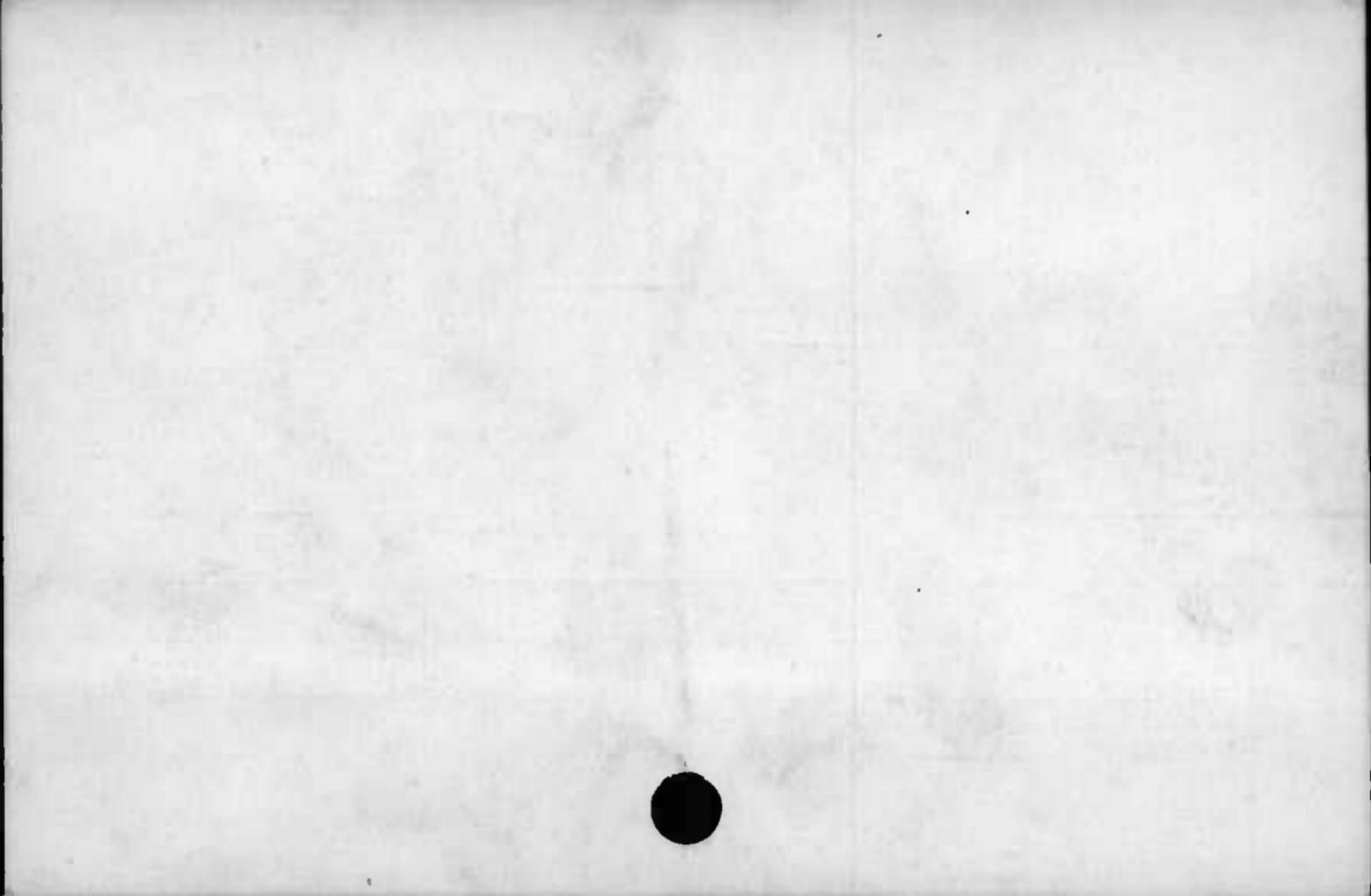
Accident Suicide?



Name
in
Full

CERTIFICATE OF DEATH							
To BE ANSWERED BY NEAREST FRIEND	Died at		Town	County	MARYLAND		
	Date of death	190	Month	Day		Years	Months
	May	25	Age	67			
Sex	Male		Color or Race	Colored	Birth- place	Virginia	
Occupation	Labor		Where Residing if not at place of death		Whitelstown		
Married, Single or Widowed	Married		Name of Wife or Husband	Fannie Wren			
Father's Name	David E. Wren				Father's Birthplace	"	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information	John Ridout (20)				How related to deceased	friend	
CAUSES OF DEATH							
Primary	Asthma & Chronic Nephritis exhaustion				How long	Two years	
Immediate					How long	Gradual	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	John Ridout		
Yes				Address	1710 W. 36th Street Baltimore, Md.		
Accident or Suicide?							

PHYSICIAN
OR CORONER



Name
in
Full

Sarinda White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Maynard's P. O.		Anne Arundel			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	May	3	40	—		
Sex	Female	Color or Race	Colored	Birth-place	Maryland.	
Occupation	House wife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Charles A. White			
Father's Name	Arnold Jones -					Maryland -
Mother's Maiden Name	Unknown -					Maryland
Name of person giving information	Chas. A. White					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Incompetency		How long	Three years.
Immediate	Heart Exhaustion		How long	One week.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	James S. Bellingsley
			Address	Armiger. A.A.C. Co
Accident or Suicide?		—		

